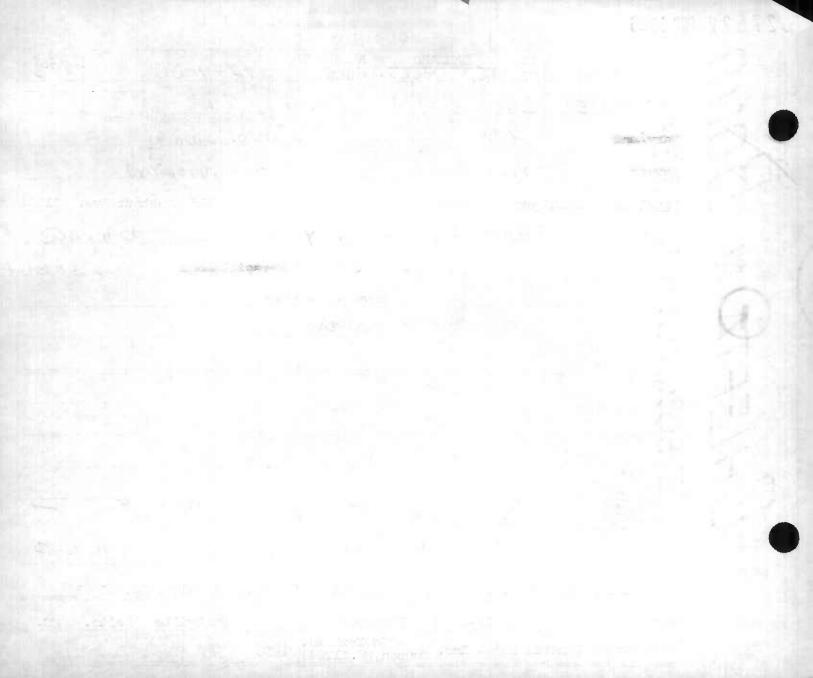
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9	ω €		PECEASED NAME FIRST	MIDI	DIE		(AST	20 DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR	
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AND 212	filled in ould be f	130	UAL RESIDENCE (IF NURSING NOME OF STATE 136 COL	OR OTHER INSTITUTION, GIV		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3613 Kim				
MARYL	mpletely and 2 sh	14.	FATHER'S NAME FIRST  James	WIDDLE	Birch	LA	15. MOTHER'S MAIDEN NA	ME MIDDLE	Staple	LAST	10	
IMORE,	d co	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	SOCIAL SECU		17 INFORMANT Mary Jacks	ADDR		.011		
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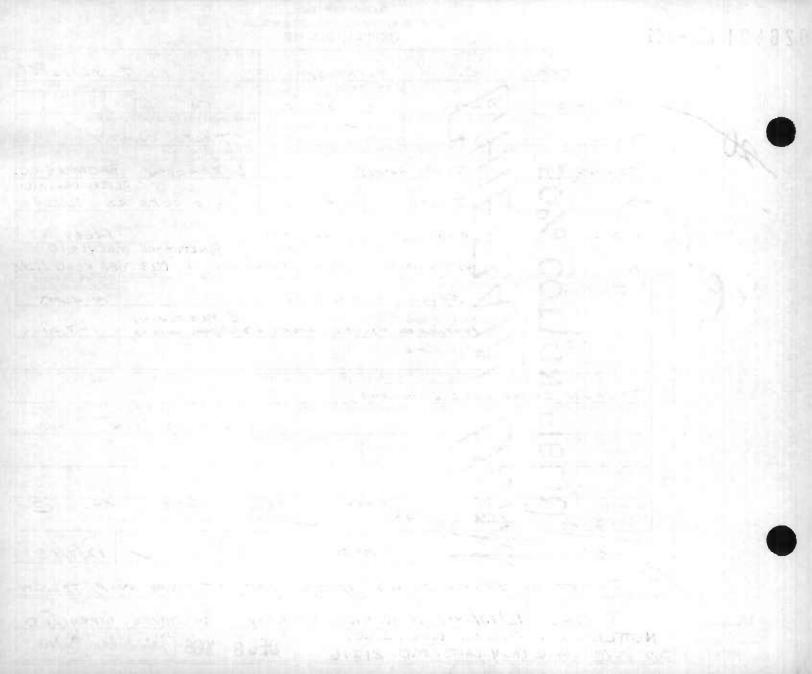
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OR A DIREC		22b. SIGNATURE	) 1	DEGREE		224 DATE SIGNED
Y th Y th Y th CAL deto deto		m	Unn	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12-15/81
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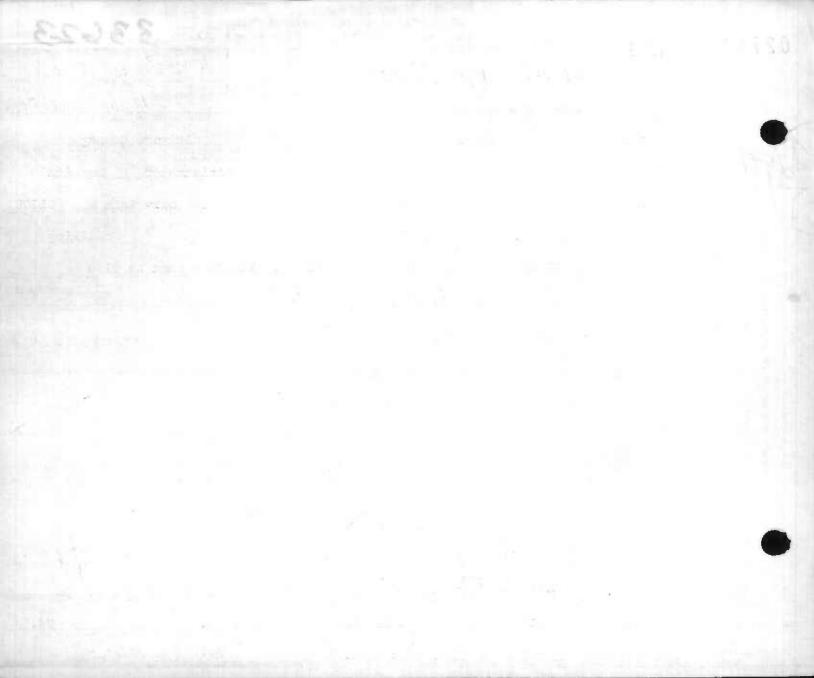




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page 10		PART 2 OTHER SIGN	FICANTO	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAI DISEASE OF C	ONDITION GIV	VENI INI DADI 1	10
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(VRA 15, 4)		OI GWYNNS						UL	U8 1986	Andre ,	Decidence	<i><b>REALES</b></i>
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN ALTHOFF SAMUEL H. (TYPE OR PRINT) OF ESTI-DEATH MATED 1 SEX NDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED DEAD March 3,1920 White Male 66 TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS WIDOWED . DIVORCED Maryland U.S.A. Baltimore County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Pikesville 7608 Lorry Lane Hospital Administrator 136 COUNTY 13 CITY OF TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? NO E Maryland Baltimore Pikesville 7608 Lorry Lane 21208 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Samuel H. Althoff. Schilling Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-03-5464A Sara B. Althoff - same as #13e Yes WW II 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? HIS CEN.
WARTING THE WASTE AS SHOULD BE USE
PAGE 3 SHOULD BE USE
\*\*\*TATE DEPARTMENT OF 1 YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspectio Inquiry and in my opinion death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BP Cremation 12-12-86 Westview Crematory Balto. Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Rd. **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 2/80



Lorraine Park Cemetery

Woodlawn

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

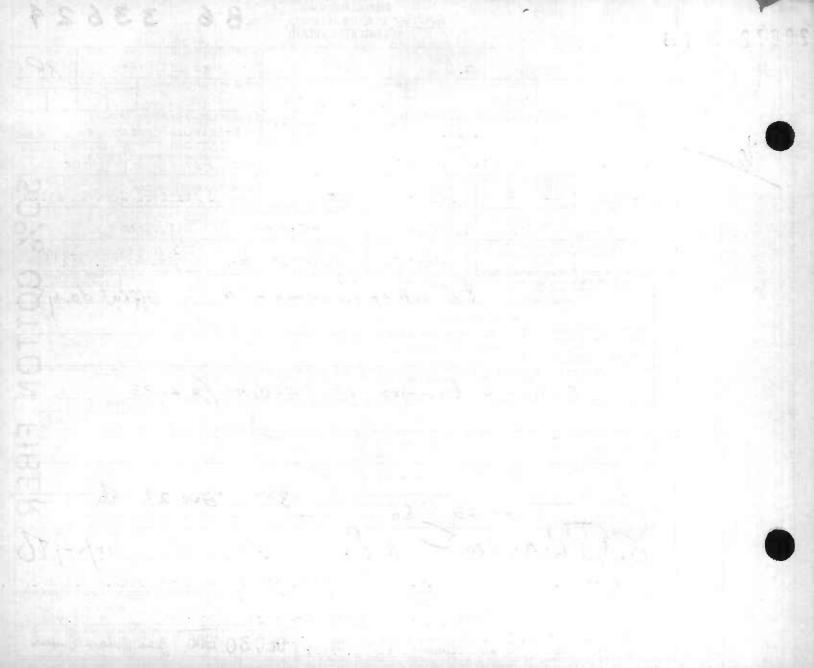
Maryland

12/27/86

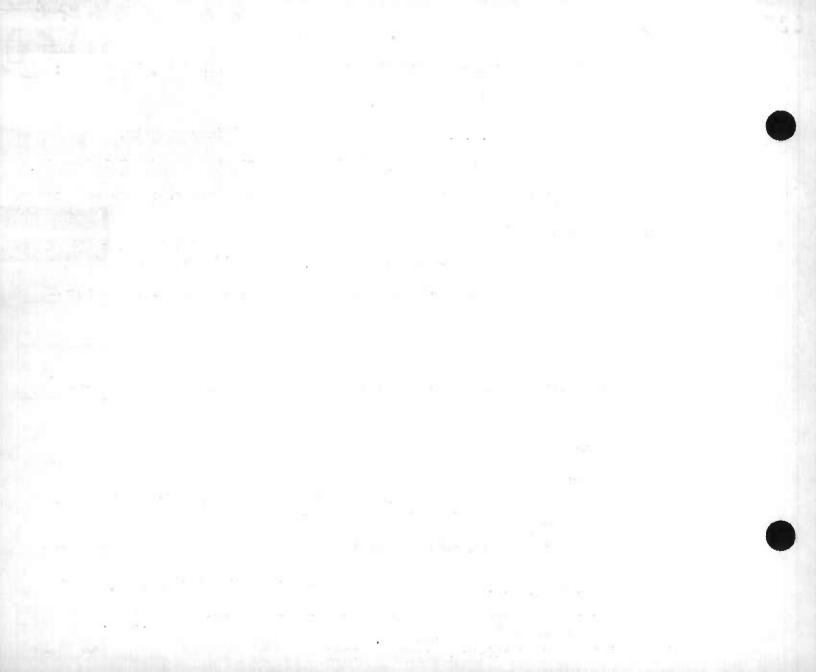
FUNERAL DIRECTOR & Russell C. WitzkessFuneral Homes P. DEC 3

1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 60M 7/B4 (VRA 15, 4)



5 028911 JAN -	FOR DEPARTMENT OF HEALTH AND MENTAL HY 1 - STATE CERTIFICATE OF DEATH R7 REGISTRAR	REG. NO.
noy be poge 3	1. DECEASED NAME FIRST MIDDLE LAST  (TYPE OR PRINT) Andrew H. Anton	December 20, 1986 2:45P
ge 4 moy ector. po	Male White 5. Date of Birth 79 1901	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
0135	70. BIRTHPLACE (STATE OR FOREIGN To. CITIZEN OF WHAT COUNTRY? MARRIED MARRIED WIDOWED DIVORCED D	Baltimore County  MD.
41190	10. CITY OR TOWN OF DEATH Catonsville  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Villa Nursing Home	126 USUAL OCCUPATION [TUPE OF WORK FOR MOST OF WORKING LIFE] Lab Technician McCormick
ND 213	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  MATYLAND  136 BUTTO  136 BUTTO  136 BUTTO  137 BUTTO	13e STREET ADDRESS / ZIP CODE 127 Regester Ave. 21212
MARYLA within smalletel ond 2 cond 2	14 FATHER'S NAME FIRST MIDDLE LAST Adam Anton Anna	
IMORE, or ond confidence or Pages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES)	E. Sauter 127 Regester Ave 21212
201 W. PRESTON ST., set that the death certific help bess that the death certific help pleas that the control of the control o	IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE LEAR	APPROXIMATE INTERVAL BETWEER ONSET AND DEATH  WITH ALL DISEASE OR CONDITION GIVEN IN PART 110
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OR ATTENDI to hospital or JIRECTOR A ched for use Oppt. of Heal	276.1 certify that (I) (this hospital) attended the deceased from	death accurred on the date and hour and from the causes stated  MEDICAL STAFF 121 DATE SIGNED  122 DATE SIGNED
TO HOSPITAL ( TO FUNERAL I should be deto with the Store I	THE PHYSICIANS NAME THOUSENESS 5411 01	d Frederick Road
BP	12/23/86 Burial CREMAYON REMOVAL 122-DATE 12/23/86 Most HolyRedeemer	Baltimore Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	Mitchell-Wiedefeld Home 6500 York Rd.	C30 1986 July Dender Control



29024 JAN -5		FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		6 27
9 E 4		CEASED NAME PRINT	MIDDLE V.	na	AST /		2/ 30/8	6 3:15 AM
moy be poge 3	3. SE		4. RACE	S. DATE C		6. AGE   IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
oge 4 urs of		Female	White	Ja	Dr. There	65	YRS	
1/12 33	va. B	IRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	BALTO	COUNTY OF DEATH	-Y MD.
5 2 1 90		OWSON	11. NAME OF HOSPITAL, NU		HOSPICE	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEKEE	WORKING HEET INDUST	ID OF BUSINESS OR TRY
BALTIMORE, MARYLAND 2120 iote be executed within 24 now systion and completely filled in propers. Pages 1 and 2 should be into		ALRESIDENCE IN NURSINGHOME OR STATE 13 COUN Maryland	OTHER INSTITUTION, GIVE RESIDENCE TY 130. CITY OR Balti		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 2306 Clor	ZIP CODE ville Aven	ue 21214
uted within completely land 2 sh	14 F	ATHER'S NAME  John	AIDDLE VOE	gelman	15. MOTHER'S MAIDEN NA. Efthel	ME	Ort	el
iMORE, or execut or on ond co. Poges 1		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN)	WAR OR DATES)	SECURITY NO. 4-8229	IT INFORMANT Louise A. Sm	ADDRE eak 2306 Clo		• 21214
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The low requires that the death certificate that certificate has been sign. The low fifter this certificate has been sign. The man be on the ond Mental Hygiene prior to be an elementary or removed or term orked or term 18 shows any injury.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	THE BRAIN			tT Iro
he law re an. hos been to permit. I permit. I ene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	20b IF YES, WERE FIT IN CERTIFYING CAU YES	
VISION OF VITA  3 PHYSICIAN: TI ttending physicia tri this certificate the buriol-tronsis ond Mentol Hygi sed or Item 18 sh	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	A STATE OF	
R ATTENDI hospitol or IRECTOR: A thed for use eept. of Heol		WHILE NOT WHILE AT WORK  220.1 certify that (I) (this haspit sow the deceased alive an, above, (I) (we) (did) (did not 22b. SIGNATURE	12-30	19 86 .0	nd that in (my) (our) opinion	deoth occurred on the do	te and hour and from	the couses stated
HOSPITAL sined by the FUNERAL sould be detected that the Store		Carla S. Alex		nder	ATTENDING PHYSICIAN [  22e ADDRESS Stell  Dulaney Vall		pice	130/86
BP	23a.	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	236 DATE 2 1987		EMETERY OR CREMATORY awn Cemetery	23d LOCATION CITY OF TOWN Baltime	COUNTY	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Leonard J. Ruck	, Inc. Baltin	möre, Ma	ryland 250 DAT	C 3 1 1986	256 REGISTRAR'S SIGI	NATURE

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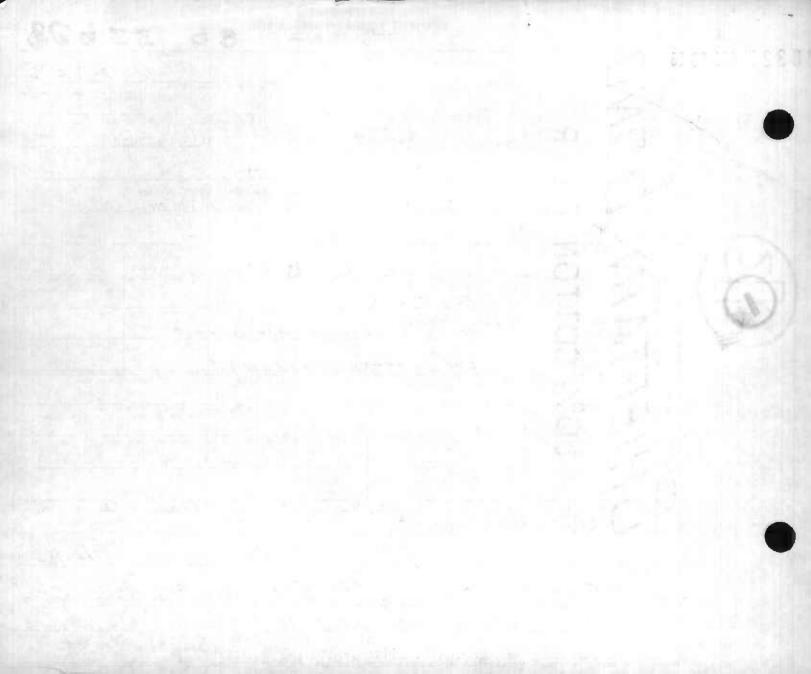
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Н		REGISTRAR			CERTIF	ICATE OF D	EATH	8 8	NO.	) J V	OND
1		CEASED NAME FROM		IDDLE	1	AST	7 - 1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	-	LOUIS	æ	AGNES	7/1	TKINSON			102/	20/86	230 AM
	1.5E		4 RACE	NOINE .	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
b	1	Female	White		MONTH	1 14	1891	95	YRS	MONTHS DAYS	HOURS MIN.
9	Jacob)	RTHPLACE LITATE OF TOTAL CO.	76 CITIZEN OF		RY? 8			9 BALTIMORE CITY			
	1	/irginia	ne	7\	MARRIE	D NEVER	VORCED	Palti	more (	Country	MD.
1		ITY OR TOWN OF DEATH			RSING HOME		tund	120 USUAL OCCUP	ATION	126 KIND O	F BUSINESS OR
1	V	Catonsville		H FACILITY, GIVES	sing HO	mo		Clerk	T OF WORKING	Drug S	Ctoro
i ja	USU,	AL RESIDENCE (IF NURSING FOME C	ROTHER INSTITUTION	GIVE RESIDENCE B	SEFORE ADMISSION)		72410	4			Store
Н		STATE	NTY	13c. CITY OR 1		13d INSIDE C	NO ■	13e STREET ADDRES			0
4		aryland   A.	Α.	LILING	hicum		MAIDEN NAM	<u>  306 Jerl</u>	yn Ave	2109	3
//	1	test	post	LAST			FIRST	MIDDLE		LAS	
1	Mar. V	VAS DECEASED EVER IN U.S. A	eter	Fra	nz Security no.	Ma 17. INFORMA	ry	Alic	ORESS.	Ing	ram
L		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				-				01000
	-	NO			6-7508	I Georg	e Eu At	tkinson 30	6 Jer		21090
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per ED 8Y.							BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (0)	ACUT	E CVA	1					
Ц	100	Acres de la Contraction de la	DUE TO. O	R AS A CONSE	EQUENCE OF						
		Canditions, if ony, which	(b)	ASCVI	2 5	ARDIA	C- AR	RHYTHIN	19		
Щ		couse (a) stating the	DUE TO, O	R AS A CONSE	EQUENCE OF	The same					
Ħ		underlying couse lost	1 10	CHE	Proc	NO P	NEUM	ONITIS			
	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	Ontributing	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	DNDITION	GIVEN IN PART 1	0
_	CERTIFICATION										
1	1CA	19H DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		res, were finding Tifying Causes	
	E	CONTRACTOR OF THE PARTY OF THE						YES NO		YES [	№ □
		210 ACCIDENT WAS UNDERLYING (	21b. TIME O		DAY YEAR	21t HOW IN	JURY OCCURR	RED (ENTER NATURE OF	NIURY IN ITEM I	8 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	AIN		19						
	103	21d. INJURY OCCURRED	21e PLACE	OF INJURY	EICE CADM ETC 1	211 LOCATIO	N	CITY OF	TOWN	COUNTY	STATE
	5	AT WORK NOT WHILE	(A. HOME OIL	LET PACTORY, ON	ince rakin Enc.)						
	150	22a 1 certify that (1) (this hasp	oitol) ottended th				. 19 8 6		20		that (I) (We) lost
		sow the deceased alive a above, (1) (we) (and) (did n	n /2/	Atter death	19 86 . 01	nd that in (my)	(obc) opinion o	deoth occurred on the	date and h	our and from the	causes stated
		77k SIGNATURY		arter dearm.		DEGREE				22c. DATE	SIGNED
		1600	1111	/	1nA		TTENDING PHYSICIAN	MEDICAL S	SICIAN T	12/	22/86
Т		PHYSICIAN'S NAMECTYPE	of the right		4.50	220 ADDRES	5				700-
		OR JOHN	H. SI	49W		5800	EDM	NOUDN	AVE	BALTE	MD
	23a. 8	BURIAL, CREMATION, REMOVA			23c. NAME OF C			23d LOCATION			
		(SPECIFY) Burial	12/23			Park C		y Baltimo		COUNTY	arvland
		UNERAL DIRECTOR				21229	25q. DAJ			STRARIS SIGNAT	
	I	Hubbard Funeral	Home, 1	nc. 41	07 Wilk	ens Ave	DE	C 22 1986	Julia	Special de y	College Colleg
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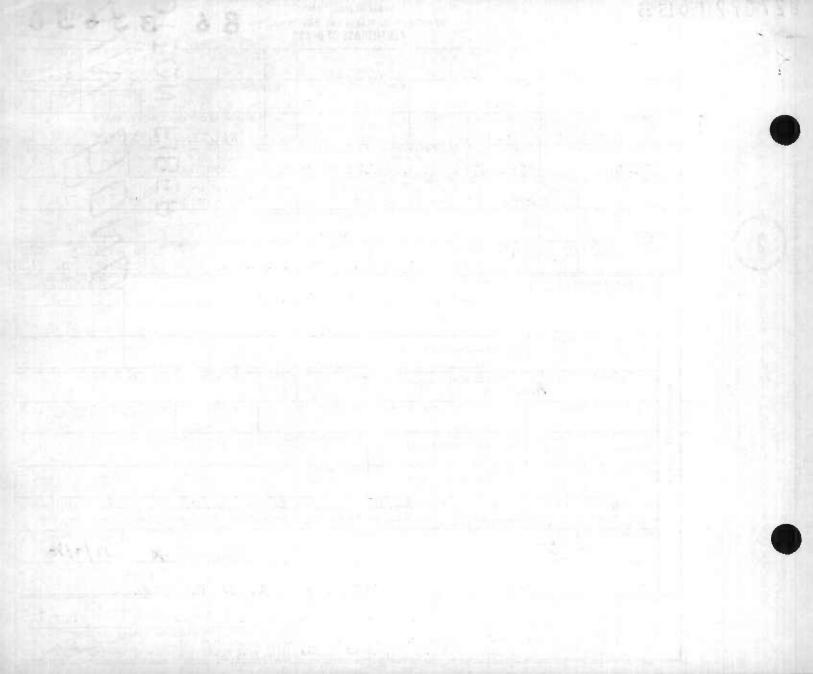
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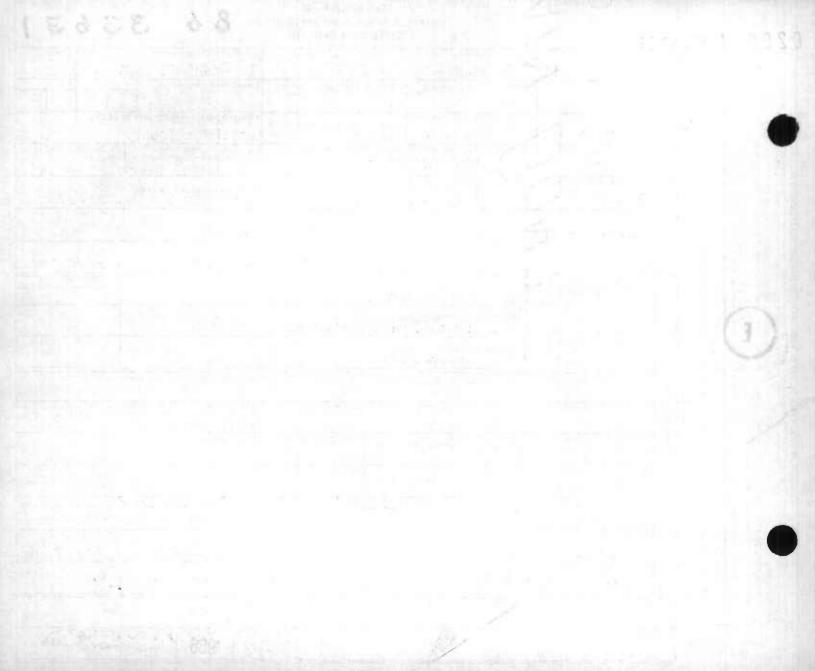
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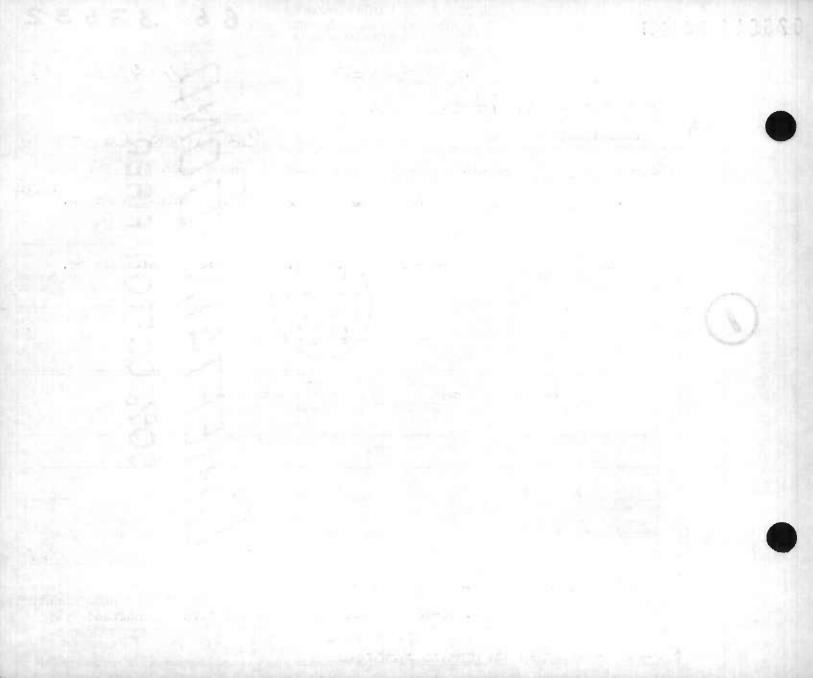
	1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY	GIENE & 6		3 6	29
Ų.		EASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
1	ITYPE O	(Ka	therin	е	K.	Au	stin	Decembe	r 18,	1986	м
1	1.58X		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Female		W	hite	Oct.	20, 1903 YEAR	83	YRS		HOURS MIN.
1	CC	THPLACE (STATE OR I DUNTRY)	FOREIGN 76	CITIZEN OF	·A.	MARRIEI WIDOWE	NEVER MARRIED	Bal	_	YOFDEATH County	. MD
	10 CIT	Y OR TOWN OF DEA	TH 11	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Probation	OF WORKING LI	IFE) INDUSTRY	Ohio Ohio in Count
4	SUAI 3a ST	L RESIDENCE (IF NURS	ING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS	/ 710 000		
7	MP-1		101		13c CITY OR TOW		YES NO			210	0.2
1	14 FAT	ryland THER'S NAME	Balti		Lutherv	IIIe.	15 MOTHER'S MAIDEN NA		n Ra		
1	1	13461	MIC	DUE	LAST		FIRST	AIDDLE		LAST	
7		rederick AS DECEASED EVER	INITIC ADME	W.	Krause		Birdie 17 INFORMANT	ADDF	FSS	Tayl	or
П		ES NO OR UNKNOWN)	(IF YES, GIVE W		100 SOCIAL SECO	KIII IVO.	IV IIVI OKMAIVI				
1	No	)			302-26-9	505	John H. K	. Austin -	same a		
		PART I. DEATH W	H (Enter only (AS CAUSED I IMMEDIATE)		Court	Cer	ebro vagula	accident	-)	BETWEEN	MATE INTERVAL DNSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CF TO FLORIDATION  (c)									
	-	PART 2 OTHER SIGN	NIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR COM	VDITION GI	VEN IN PART 10	
1	CERTIFICATION	90 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	IGS USED OF DEATH?
1		710. ACCIDENT WAS UNI	CAUSE OF DEATH		OF INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
1	MEDICAL	21d INJURY OCCUR		21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		sry the decease	ed alive on	II and the second	A 19	, ar	nd that in (my) (our) opinion	n death occurred on the	dote and ho		that (I) (we) lost couses stoted
		The SIGNATURE	tus &	DR. F	ATRICIO		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	220 DATE	SIGNED 18/8%
		Dr. N	estor		a M.D.		27e ADDRESS 6012 Ha	rford Road	Balti	imore, N	ld. 21214
		JRIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION			
	(5)	Burial		12-2	0-86 D	ulane	y Valley	Cockeys	ville.	Balto	., Md.
1		NERAL DIRECTOR				1050	York Rd. 250 DA	TE REC'D. BY REGISTRA			
1	Ruc	ck Towson	Funera	l Home	Inc. To	wson,	Md. 21204 D	EC 22 1986	Julia	Diriden.	Produce

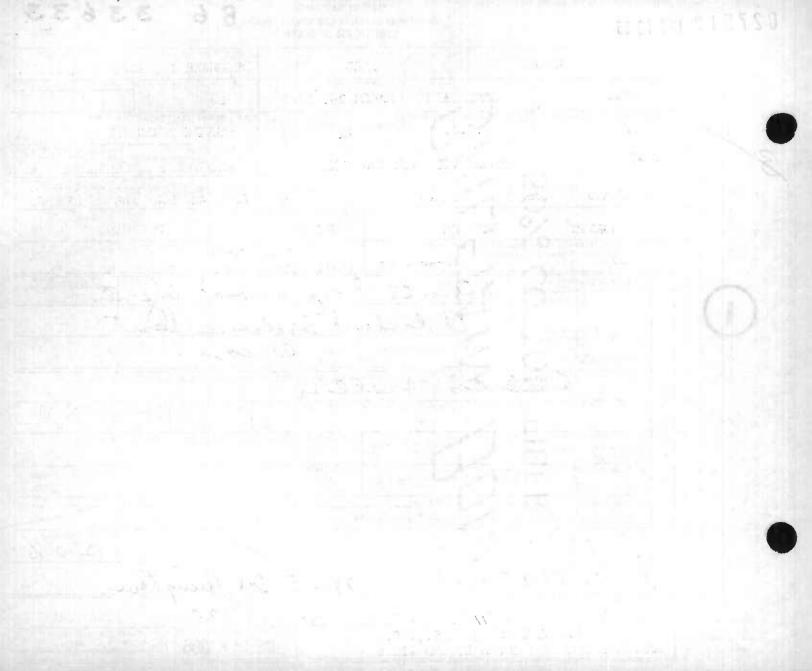
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UZ/U/Z DEC	15	86 FOR		DEDART		E OF MARYLAND	0 6	33	430
+ ,	1.	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	9 0	000
		CEASED NAME FIRST		MIDDIE		AST	20. DATE OF DEATH	MONTH DAY YEA	R 2b HOUR
tor, page 3	1137	AGN	ES	С.	A	VILES		12 09 86	2:40am
Ter of	3. SE.	X	4 RACE	No.	5. DATE O		6 AGE   IN YEARS LAST BH	RTHDAY) IF UNDER 1.1	
oge 4 urs of		emale		asion		ber 6, 1896	9		ATS HOURS MIN.
oth. Page 72 hours	Pa B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEAT	H
de a mare		Maryland	U.S.		WIDOWE	DIVORCED [	BALTIM	ORE COUNTY	MD.
the f	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		ID OF BUSINESS OR
- 0 N X	_	rowson		5701 N.		LES STREET	Housew		
D 21: 4 hou 1d be	13a. S	AL RESIDENCE (IF NURSING HOSTATE 13b. C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
AND			ltimore	Catonsv	ille	YES NOXX	6145 North	dale Road	21228
THE AND A	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	Ave se	IAST
A DECEMBER		muel	R.	Baxter		Kate		Aul	oel
OK A STATE OF STATE O		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECL		17 INFORMANT	ADDR	3320 KOT.	ling Road
	No			214-38-	0922	Mrs. Vivian J	ohnson		e, MD. 21207
rtificate physici pnpaper emaval.		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	LICED BY					BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
ST., 8A ertificat g physical proportion on people removal		IMME	DIATE CAUSE (a)	CARDIORE	SPIR	ATORY ARREST	Γ		
death ce catendin nove carb often, or itroumatic			DUE TO, O	R AS A CONSEQUE	ENCE OF				
dea dea offe offe offe offe offe offe offe of		Canditians, if any, whic		SUBARAC	HNOT	D BLEED			
		cause (a), stating th	DUE TO, O	R AS A CONSEQUE	ENCE OF			30 710 000	
on W. F that the day the lease re incl. crem			(c)						
RDS, 2 equires signe Then p to bur njury,	z	PART 2. OTHER SIGNIFICA	A		DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	T la-
been mit. The prior to prior t	CERTIFICATION	19g. DATE OF OPERATION	Mama		OPERATIO	N WAS PERFORMED	Lan AUTOROVA	Table of MEG 14/EDE EN	
he low on. hos by the reme pr	FICA	190. DATE OF OPERATION	198. COND	THON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?
VITAL BY N: The yysician. Cate ho consit per Hygiene Mygiene	ER	710. ACCIDENT WAS UNDERLYIN	21b. TIME C	SE INTHIBY		21. HOW IN URY OCCUPA	YES NO	YES 🗌	но 🗌
TYSICIAN: T fing physici ding physici sis certificate burial-transi Mental Hygi		OR CONTRIBUTING CAUSE C			AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
rsicial plans plan	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA.		.M.	19	AN AGGAZIONI			
PHY tendii the by and M	MEC	WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn county	STATE
DING Property After the ce as the alth and marked		AT WORK AT WORK			1270	0 06	12/00	0.6	
EN Se		22a I certify that (I) (this h	aspital) attended the	ne deceased from _ 10	86	9		, 19_86	, that (1) (we) last
hospit thospit theory thed for them 21		saw the deceased aliv above, (1) (we) (did) (di 27b. SIGNATURE	(nat) view the body	ofter death			eath accurred on the d		
2 0 20 7		III. SIGNATURE	ams			DEGREE	MEDICAL STA		ATE SIGNED
HOSPITAL ned by th FUNERAL UID be dear of the Stote ORTANT:		22d. PHYSICIAN'S NAME (1				PHYSICIAN   22e. ADDRESS	DIRECTOR PHYSIC	IANI	19/10
HOSPITI inned by wild be o	7	THE PHISICIAN SNAME (	THE OR PRINTS			12e. ADDRESS			
TO HOSPITAL TO FUNERAL Should be det with the Store	0.0	VIK POONA						S STREET	
	23a. B	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	24.5	Burial	12/1	1/86 Lo	udon !	Park Cemetery	Baltimor	2	Maryland
DHMH - 16 60M 7/84		NAME LOTING B	yers Funer	ral Direc	tors,		REC'D. BY REGISTRAR	2 2009 75 0	
(VRA 15, 4)	87	28 Liberty R	oad Randa	allstown,	Mary	land 21133 DEC	12 1300	a de grandition	Paragraphics.









250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 8 1986 Line Scrider P.

Lia Sinder Pendas

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	O.		
	EASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Limito	38 FX(N-1)	LLOYD		COLUMBUS	S B	ARKE		DECEMBER 6.	1986		1:23A M
3.5EX			4. RACE	21.74	5 DATE C			6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DATE	R FUNDER 24 HRS
11000000	LE		WHITE		9 MONTH	30 1918 YEA	R	68	YRS	MONIHS DATS	S HOURS MIN.
AC SIR	FHPLACE (STATE	ORFOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARRIE		9 BALTIMORE CITY	R COUNTY	OF DEATH	
MA	RYLAND		U.S.A.		WIDOWE			BALTIMORE	COUNT	Y	MD.
10. ⊂IT	Y OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INSTITUTIO	N	120 USUAL OCCUPAT			OF BUSINESS OR
	ORT HOWA	/	V.A.M.C	., FORT	HOWARD	, MARYLAND		AUTO MECH		(E) INDUSTR	
13a ST	L RESIDENCE (IF) LATE LAYLAND	WORCE	ITY	OCEAN (	NWC	13d INSIDE CITY LIM		134 STREET ADDRESS 891 Ocean	zip cobi Pines	2181	1
14 FAT	HER'S NAME		MIDDLE	LAST	1-11-1-1	15 MOTHER'S MAIDI	NAM	MIDDLE MIDDLE			AST
(D)	COLUM			BARKE		BERT	HA	Moore			ORTER
160 W.	AS DECEASED EV	ER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR	ESS		7 8 5 8 8 7 8 5
YES	S, NO OR UNKNOWN	WW I	Y WAR OR DATES)	212 10	8908	Ruth E. Ba	arke	, 891 Ocea	n Pine	es, Ber	clin, Md.
	18 CAUSE OF DE PART I. DEATE			RDIAC A					768	APPRO BETWEE	DXIMATÉ INTERVAL N ONSET AND DEATH
	, ,	ating the use last	(6)	R AS A CONSEC		NOT RELATED TO THE	E TERMI	NAL DISEASE OR CON	IDITION GIV	VEN IN PART	lia
Ó	CARDIOMY	OPATHY:	S/P MY	COCARDIA	L INFA	RCTION; CH	RONI	C RENAL FA	ILURE		
CERTIFICATION	90 DATE OF OPE	RATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY?  YES □ NO ■	IN CERTI	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	181	OF INJURY .M. MONTH .M.	DAY YEAR	ZIr. HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJL	IRY IN ITEM TO	PART I OR PART 2)	
W.	AT WORK AT	WHILE WORK		REET FACTORY OFFIC		211. LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that saw the dec abave, (1) (w	eased alive an	ol) ottended th	R 6 19				t DECEMBER eath occurred an the d			, that (I) (we) last ne causes stated
	226. SIGNATURE	Men	_			DEGREE ATTEND		MEDICAL STA			6/86
1	22d. PHYSICIAN'S	ALANNE (TYPE O	R PRINT)			PHYSIC 22e ADDRESS	IAN	DIRECTOR PHYSIC	IANEA	1.2/	0/00
			RALA, M	.D.			FOF	RT HOWARD,	MARYL	AND 2	1052
	JRIAL, CREMATIC	,	23b DATE			EMETERY OR CREMA		23d LOCATION		COUNTY	STANE
(3	Bur	rial	12/9/	/86 I	oudon 1	Park Cemet	ery	Baltimore		200(1)	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

02002377-30

## deot

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

6 33635

Julia Davidson. Randas

-OSTATE UNEGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS 8:30P Marie RACE 3. SEX DATE OF BIRTH 1896 White Female TO. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED Baltimore County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital Rossville Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore Dundalk 13e STREET ADDRESS / ZIP CODE 98 Shipway/ 21222 Maryland MIDDLE Mellie Smith William LeBrun ADDRESS 66 SOCIAL SECURITY NO 17. INFORMANT 21040 160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES, NO OR UNKNOWN) LIE VES GIVE WAR OR DATES Howard F. Bates 607 Banyon Rd. Edgewood, Md. 219/12/5339 No 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on above, (!) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226-SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN Michael Schwartz, MD 606 Hammonds Lane Balto., Md. 21225 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Baltimore, Maryland 21224 1/3/1986 Oak Lawn Cemetery 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

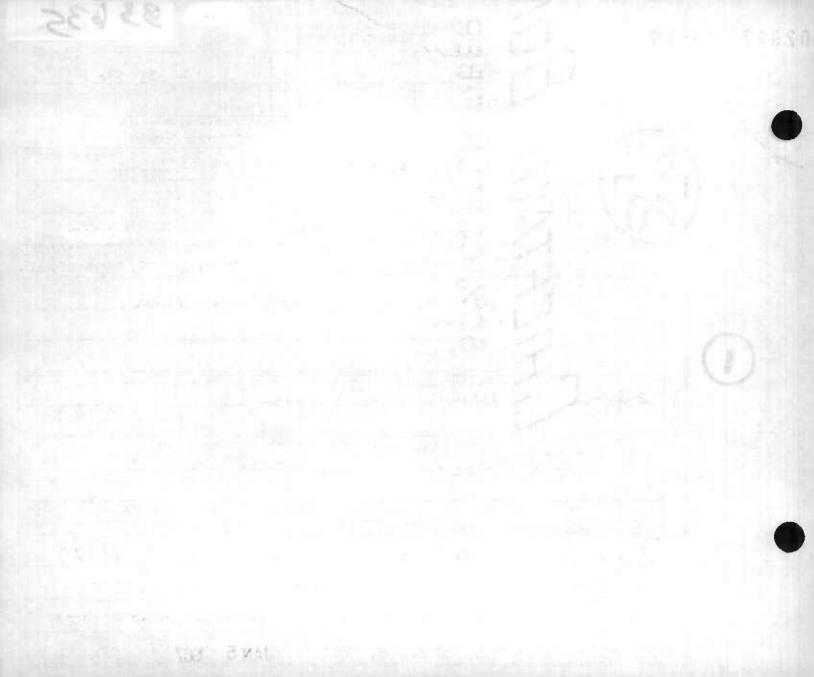
Walter Brooks Bradley Inc., Balto., Md. 21222

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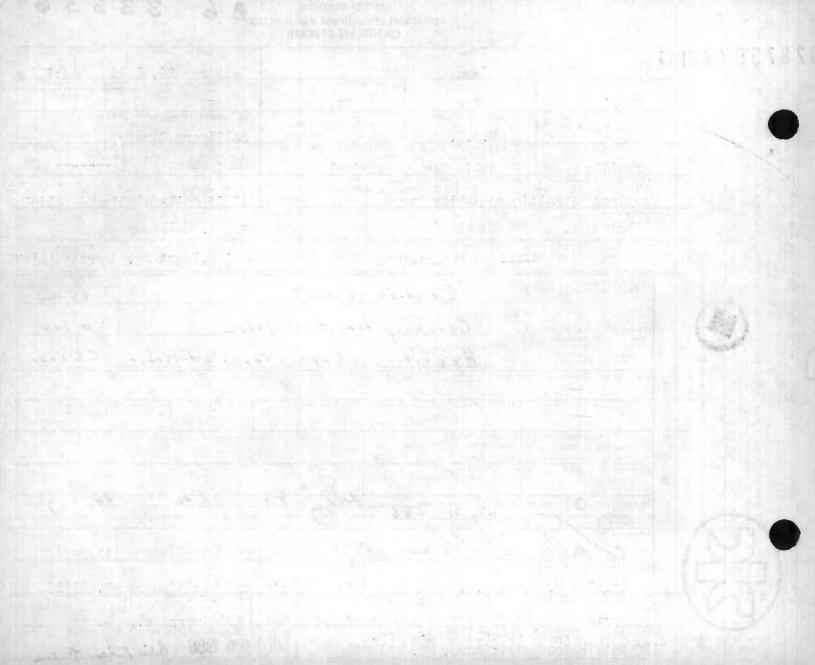
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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR PE OR PRINTI BAUFR Thelma December 24. Ann 4 RACE IF UNDER LYEAR 5. DATE OF BIRTH 3 SEX MONTH DAY YEAR Female White 1921 April LE BIRTHPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [ Baltimore County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville Franklin Square Hospital 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 11025 Philadelphia Rd 21162 Baltimore White Marsh Marvland YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elmer T. Hallameyer Frances Heath ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Rodney Bauer 3801 Belmont Dr. JarretsvilleMD (YES, NO OR UNINOWN) HE YES GIVE WAR OR DATEST 219-03-4595 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ja), (b), and join PART I. DEATH WAS CAUSED BY: ardine 15 mus IMMEDIATE CAUSE (0) DUE TO: OR AS-A CONSEQUENCE OF Lordnary Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse lost. nertensive Cardio Vascala Disease 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIV YES T NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED III. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased of one on 2/1/2/2/2 abave (1) we) (dight (did not) fiew the body after death. and that in (my) our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 12/26/86 MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Charles M. Kerr, M.D. 9618 Belair Road Baltimore, MD, 21236 0 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BP 12/29 /86 Gardens of Faith Cem Baltimore Co. Burial 24 FUNERAL DIRECTOR 25a DATE REC D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Dippel Funeral Homes, Inc. DHMH - 16 50M 4/82 7110 Belair Road Baltimore, MD. Julia Dividion Po 21206 (VRA 15, 4)



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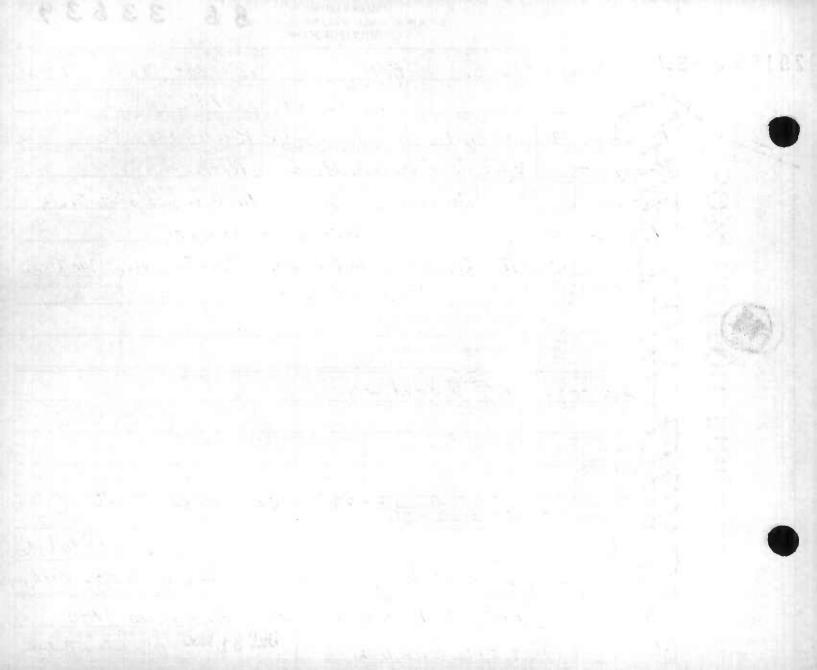
FOR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE <b>8</b>	6 REG. I		3	6	38	1
MIDDLE	LAST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR	

	20	REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	9		
-		OR PRINT)	ANNET		M.	BEI	SWANGER	2a. DATE OF D	EATH MONTH	18	1 86	26 HOUR 9:35P <sub>M</sub>
	3. SE)	FEMALE		4. RACE White		5. DATE O		6. AGE (IN YEAR		YRS.		IF UNDER 24 HRS. HOURS MIN.
oli oli	1 0	RTHPLACE ISTATE OF COUNTRY) Maryland		U.S.A		MARRIE		I BALLE	MORE CO			MD.
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01	13a. S M.	ALRESIDENCE (IF NUF STATE aryland (THER'S NAME	13b. COUN		13c. CITY OF	RTOWN	13d INSIDE CITY LIMITS? YES NO K		DRESS / ZIP ockingl		Lane	21204
	W	illiam	F			ring  SECURITY NO.	Clara  II INFORMANT		ADDRESS		Mose	
		VAS DECEASED EVE YES, NO OR UNKNOWN)		WAR OR DATES)		10-8899	Gloria Robe	rts -106		worth		Dr.21204
7	CERTIFICATION	PART 2. OTHER SIG					NOT RELATED TO THE TER	MINAL DISEASE C	SY? 20b.	IF YES, WE	ERE FINDIN	NGS USED
	CERTIFIC	21a. ACCIDENT WAS U	NDERLYING _	21b. TIME C			21c HOW INJURY OCCU		10	YES [		NO [
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		22b. SIGNATURE	Folial	k			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	18/86
			NIK,M.	D.			GBMC-6701					
	(	BURIAL, CREMATION SPECIFY) Burial	I, REMOVAL	23b. DATE 12-22	2-86	Parkwo		Parkv	ille,	Bal	to.	Md. STATE
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	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN B G TECHNOLOGY CERTIFICATE OF DEATH	3639
291,96 JAN -5		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH FOR PRINT)  Single for S, Bell 12-30-10  1 REG. NO.  REG. NO.  1 A COLUMN S. Bell 12-30-10  1 A COLUMN S. Bell 12-30-10  1 A COLUMN S. Bell 12-30-10  1 A COLUMN S. Bell 13-30-10  1 A COLUMN S. Bell 14-30-10  1 A COLUMN S. Bell 15-30-10  1 A COLUMN S. B	986 9:45 AM
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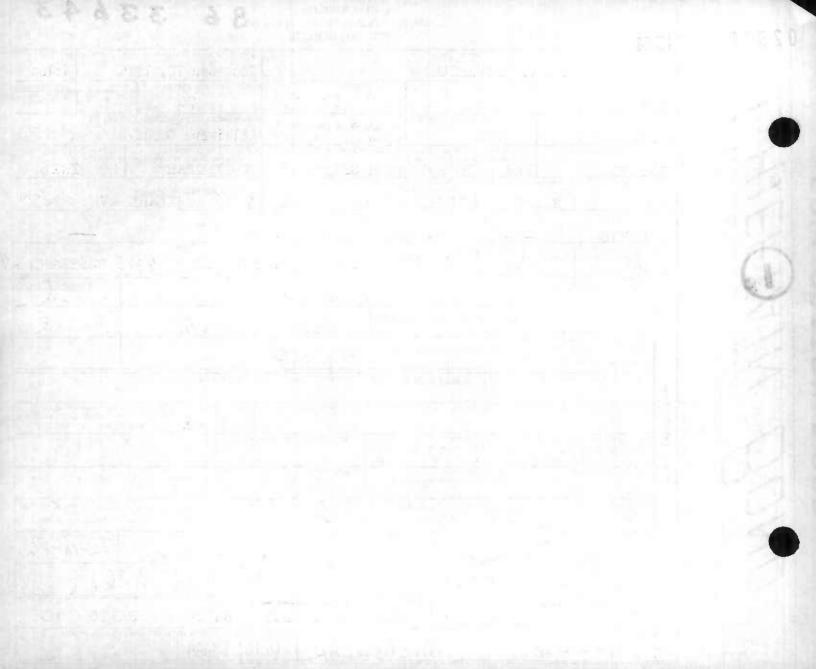
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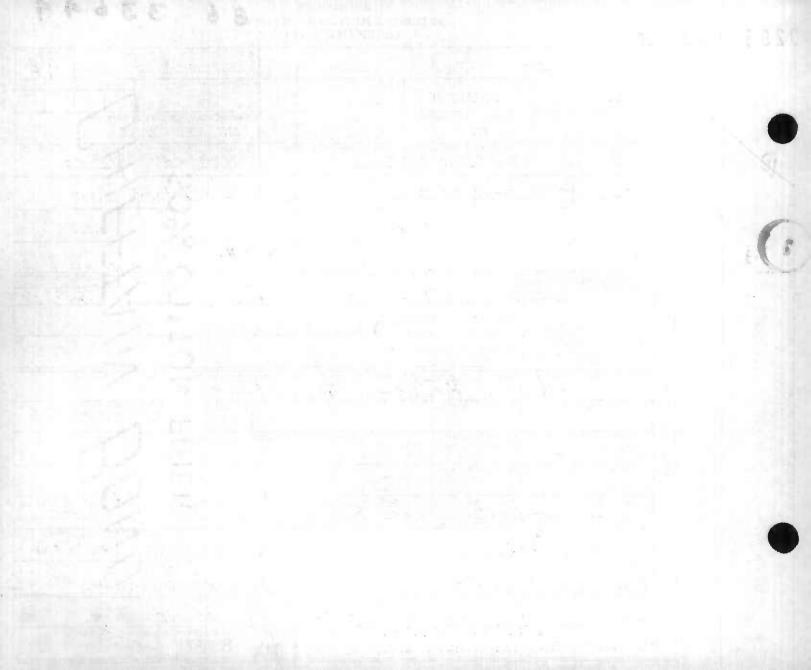
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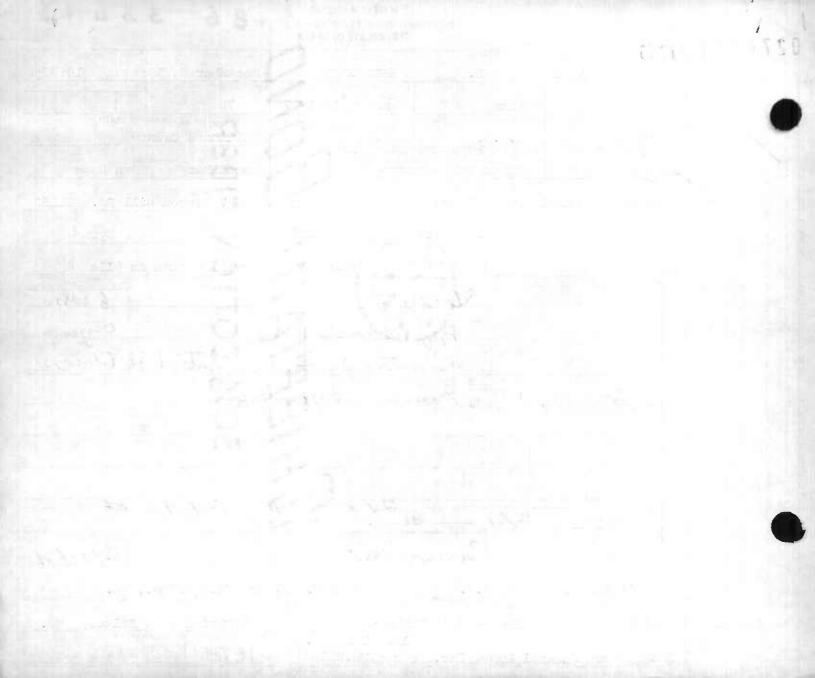
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noy be page 3		CEASED NAME FIRST YET	TA	BERMAN	DECEMBER 29,	1986 98 A
je 4 may sctor, pag s ofter d	3. SEX	FEMALE	4. RACE CAUCASIAN	5. DATE OF BIRTH  DUNE 17, 1910	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	FUNDER LYEAR IFUNDER 24 HRS
0 1 1/5	C	THPLACE (STATE OR FOREIGN OUNTRY) ENNSYLVANIA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF BALTIMORE COUNT	
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TO FOR		MORTON J.  URIAL, CREMATION, REMOVAL	Ellin md	53/0 Old Co	out Rd Randa	elstow ~ 21133
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DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	010 REISTERSTO	EVINSON & BROS., WN RD. BALTO, MD	21215 250. DAT	N 6 1987 Julia	Disiden Padael



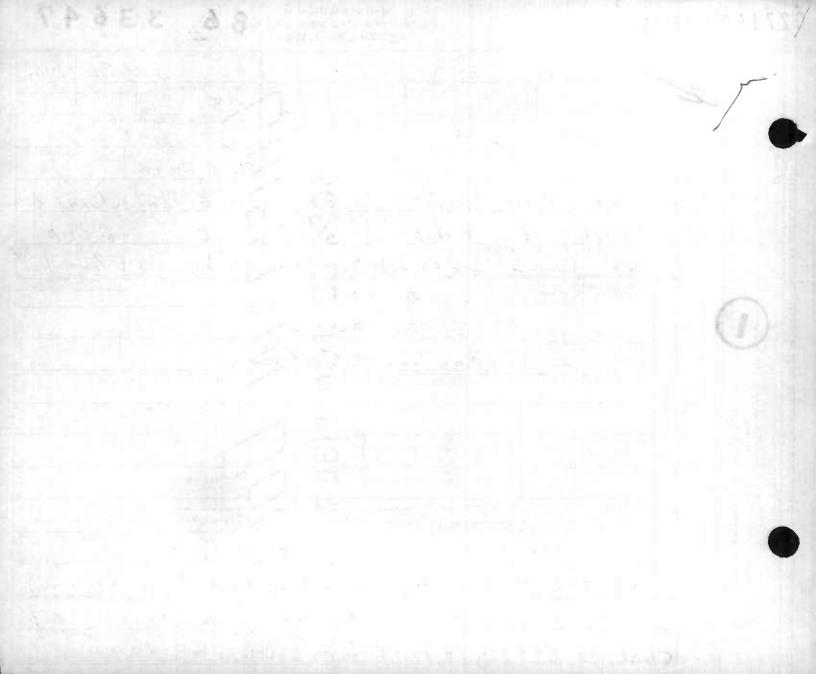


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027140 DEC	5	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 3 3 6 4 7 CERTIFICATE OF DEATH  REG. NO.
oy be		CEASED NAME FRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 12-5-86 07:10 PM
Poge 4 T		MA/e B/ACK 097-2/-13 73 YRS. MONTHS DATS HOURS MIN.  RTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? \$ ACCUMINATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?
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AND 21	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN  136. LITY OR TOWN  137. LITY OR TOWN  138. STREET ADDRESS PZIP CODE  148. STREET ADDRESS PZIP CODE  158.
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IIMORE,		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  YES, NO OR UNKNOWN) (IF YES, GIVE WARDER DATES)  YES, NO OR UNKNOWN) (IF YES, GIVE WARDER DATES)  DIG-09-3886 ARS. SUSIET. BISH OF 300 E. PENNSY/VAIN
ST., BAL		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE(N)ERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
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TO HOSPITAL TO FUNERAL should be deto		122d. PHYSICIAN'S NAME (TYPE OR PRINT)  NETTOR CARMONA 6012 Hough Palto; M. 21214
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STATE OF MARYLAND

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I

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REGISTRAR		CERTIFICATE OF DEATH	REG.	NO.						
I. DECEASED NAME FIRST	WIDDLE	ŁAST	20 DATE OF DEATH		YEAR	2b. HOUR				
MICI	HAEL FRANCIS BL	ANEY	DECEMBER	13,1986						
I. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 H				
MALE	White	July 21,1948	38	YRS		HOURS M				
A BIRTHPLACE INTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED INEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH					
Maryland	USA	WIDOWED DIVORCED [	Baltimor	e County						
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND OF	BUSINESS				
Baltimore	33° Melken Cour		Appraise	r	MAIF					
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COL	DROTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 13c CITY OR TOW		13e STREET ADDRES	S / ZIP CODE	5 60					
Maryland Balt	imore Baltimo		33 Melke	n Court	212	36				
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME		LAST					
Edward F.	Blaney	Ruth	Hartman		LASI					
60. WAS DECEASED EVER IN U.S. A		IRITY NO. 17 INFORMANT	ADI	RESS						
I YES, OOR UNKNOWN) (IF YES, G	213-52-	9241   Charlotte	Blaney	Same						
18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), an				APPROXIM	ATE INTERVAL				
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Rept	Cabo			BETWEENON	NSET AND DE				
	DUE TO, OR AS A CONSEQUE									
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF				8				
	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN	IN PART lea-					
THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W						
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING			YES NO	IN CERTIFYIN		NO [				
OD CONTRIBUTION CALLET OF D	HOUR A.M. MONTH DA	AY YEAR	URRED (ENTER NATURE OF I	JURY IN ITEM 18 PART I	OR PART 2)					
(IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OF	TOWN	COUNTY	STATI				
	oital) ottended the deceased from_	1972 19	to R_	19_	86 1	nat (I) (we)				
saw the deceased alive a	220.1 certify that (1) (this hospital) attended the deceased from 1971, 19, to Record and the deceased alive an 1982, and that in (my) (aur) apinion death occurred and the date and haur a abave, (1) (we) (did) (did not) view the body after death.									
226. SIGNATURE	Λ.	DEGREE		-	22c. DATE S	IGNED				
Ca.	to He get	ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIANI T	12/	./.				
				DIC IMIA		15/1				
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS		DICIAIT []	-/-	15/8				
	Serpick, M.D.			ore, Md.	2120	4				
	. Serpick, M.D.	220 ADDRESS	Rd. Baltim	ore, Md.						

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DEC 15 1900

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/84 (VRA 15, 4)

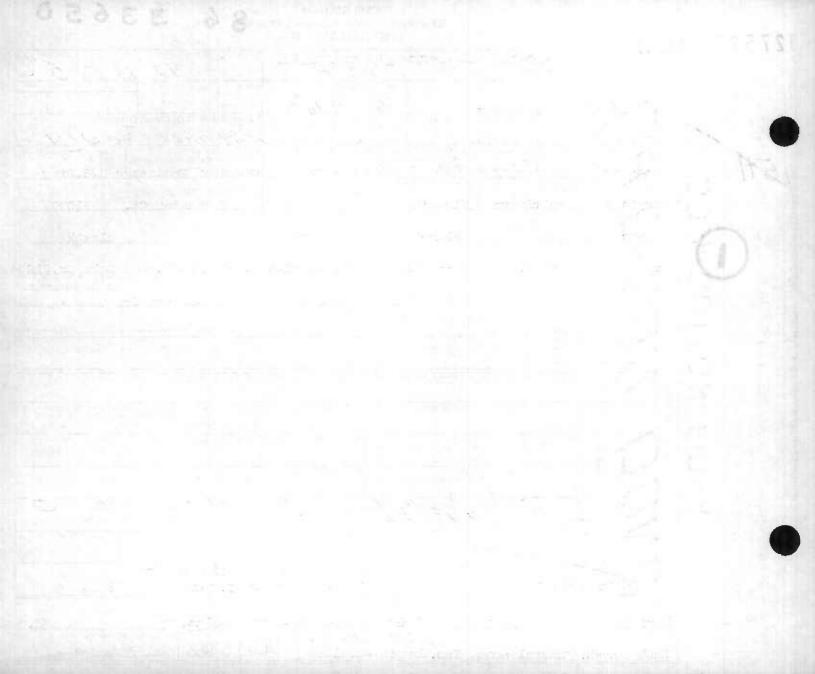
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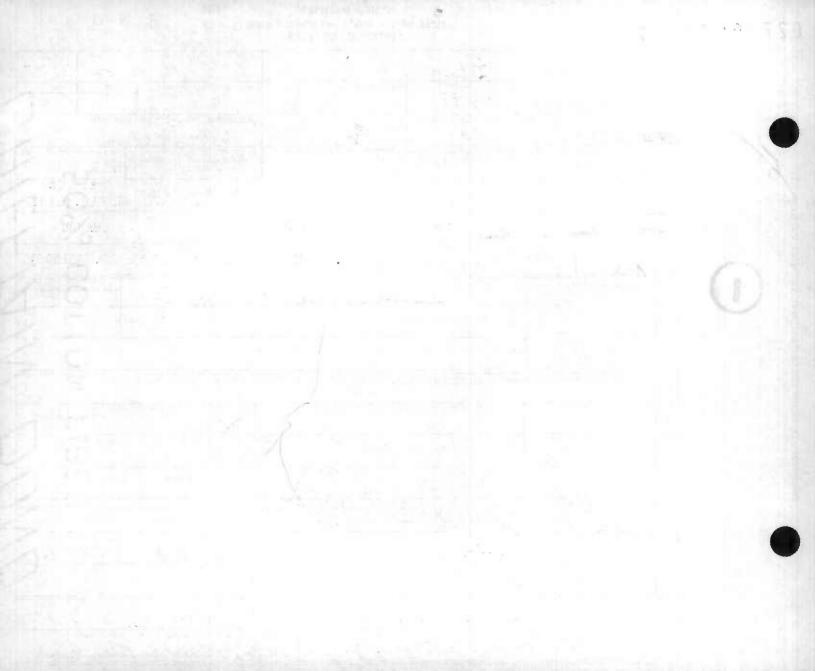
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FOR

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(VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH INDUSTRY Steel Mfgr. Crane Operator 13e STREET ADDRESS / ZIP CODE 2107 Cameron Dr./21222 MIDDLE (unknown) ADDRESS Joppatowne, Md. Jewell Black 609 Joppa Farms Rd. 21085 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) \_\_, that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 12/19/1986 Bel Air Mem Gds. Bel Air Harford, Burial 24 FUNERAL DIRECTOR Walter Brooks Bradley Inc., Balto., Md. 2122

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

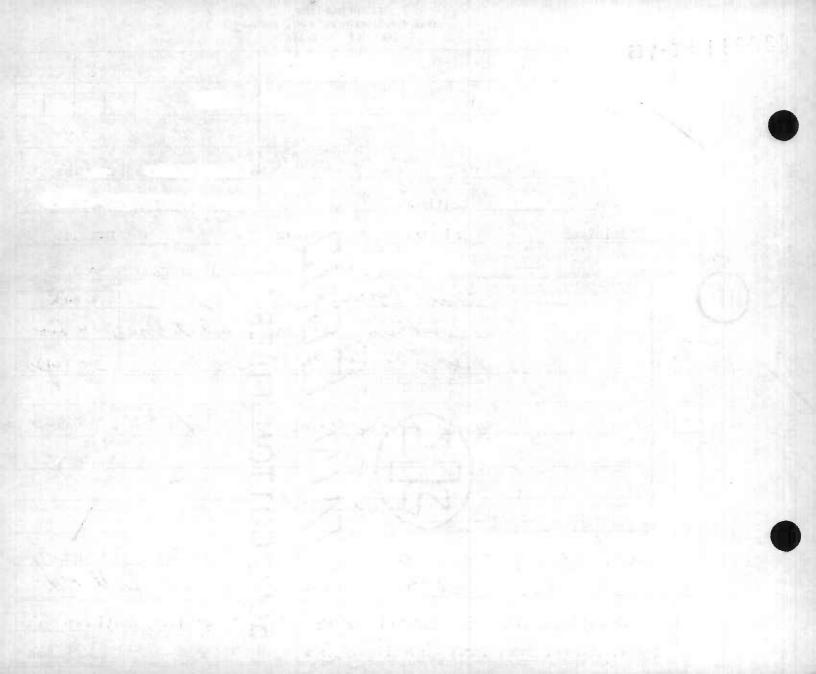
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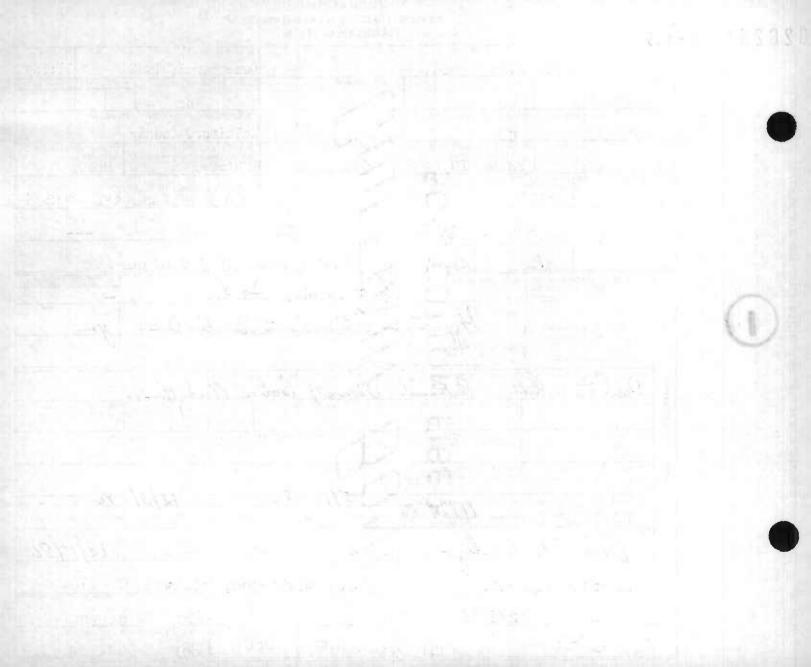
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d by	1	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	8		22e. ADDRESS			
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0 6 5 1 1 8 <del>1</del>	23a.	PLIDIAL CREMATION DEM	OVAL 23b. DATE		C NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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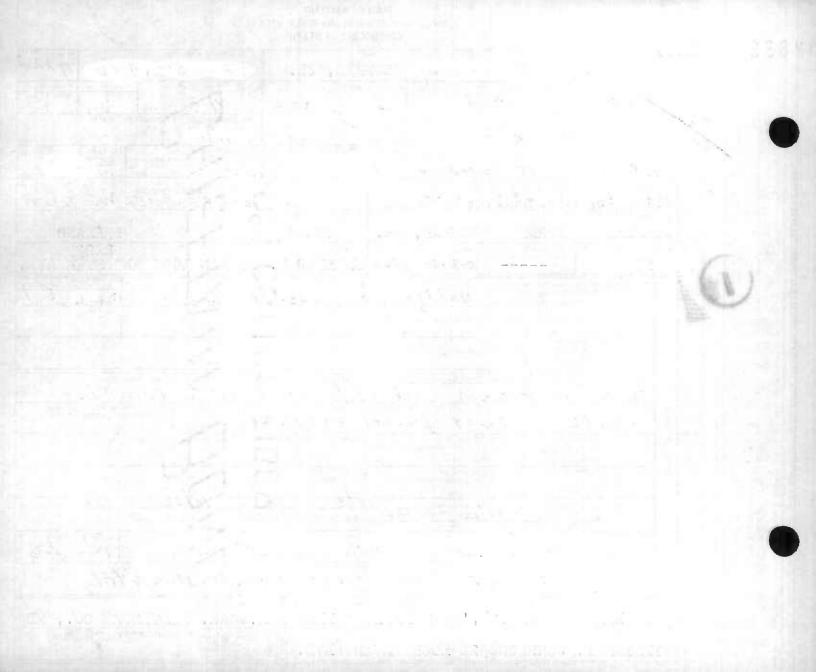


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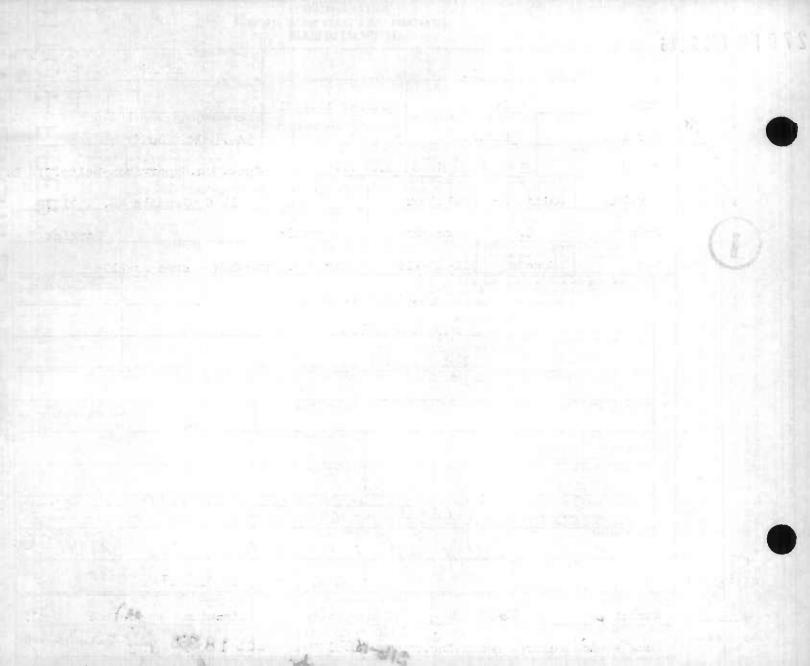
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 19DECEASED NAME 20 DATE OF DEATH BURNS STANLEY 1986 BOWMAN. DECEMBER 22. 3.5EX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR Whi 1913 O. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [ IT CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON ENGINEER AIRCRAFT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE 1005 REGESTER AVE 21239 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SARAH IRELAND BOWMAN. SR. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 21239 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) REGESTER AVE ELEANOR M. BOWMAN 1005 18 CAUSE OF DEATH (Enter only one cause per line for (gh (b), and ic PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a I certify that (f) (this hospital) attended the deceased from saw the deceased olive on\_ and that in (my) (aur) opinian death occurred anothe date and have and Iram the causes stated abave, (1) (we) (did) (did nat) view the bady little death 22b. SIGNATURE DEGREE 22c. DATE SIGNED, ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL GAR. BALTIMORE CO., MD DULANEY VALLEY MEM DHMH - 16 60M 7/B4 JOHNSON8521 LOCH RAVEN (VRA 15, 4)

STATE OF MARYLAND



	١,	FOR		DEPA		E OF MARYLAND EALTH AND MENTAL HY	GIENE B 6	3 3 0	a) I
3 1 0 DEC 22	0.0	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
10 016 22		CEASED NAME FIR	151	WIDDLE	i i	AST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR A
moy be page 3 ter death	(TYPE	OR PRINT)	NI.	L.	BRADS	HAW	10.5.7	12-14-86	9:50 7
aoy er de	3. SE:		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
ctor.	N	Male	White		Octo	ber 10,1931	55	YRS.	HOURS MIN.
Page Page	7d. B	RTHPLACE (STATE OR FOREM		WHAT COUNT	DY2 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
the 20 st		COUNTRY)  Saryland	U.S	. A.	WIDOWE			COLNITY	M
P 2 4 78		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NU	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND OF	BUSINESS OF
100	TO	DWSON	GBMC IN SI	6701 N.	CHARLES	S ST.	AST CON ST	of working life) INDUSTRY upervisor-Bal	to C 5
De f	USU	AL RESIDENCE (IF NURSING )	OME OR OTHER INSTITUTIO	N GIVE RESIDENCE E	SEFORE ADMISSION)		13e.STREET ADDRESS		co.d.a
2 25			Baltimore	Baltin		13d INSIDE CITY LIMITS?			21239
short short		ATHER'S NAME				15. MOTHER'S MAIDEN N	AME		21233
1 11/15/	1 :	John FIRST	MIDDLE C.	Brads		Myrtle	WIDDLE	LAST Dox	kins
- ) <u>- 7</u>		VAS DECEASED EVER IN L	J.S. ARMED FORCES		SECURITY NO.	17 INFORMANT	ADDR		KINS_
e de		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES) Korean	212-28-	-1299	Sarah C B	radshaw - s	ama aa #12a	
the n				-		Daran G. D	Tausilaw - Se		NATE INTERVAL NSET AND DEATH
g physical and poper emoval event,		18. CAUSE OF DEATH (E PART I, DEATH WAS	CAUSED BY:			CANCED		BETWEEN O	NSET AND DEATH
quires that the signed by the hen please rem to burial, crema jury, at other ti	-		the ast. OUE TO,		ARREST	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1:0	
aw rec	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (	GS USED OF DEATH?
The state of the s	ER	21a. ACCIDENT WAS UNDERLY	TING T 21b. TIME	OF INJURY		21c. HOW INJURY OCCU		IRY IN ITEM TS PART 1 OR PART 2}	NO []
		OR CONTRIBUTING CAUS	E OF DEATH	A.M. MONTH					
ding phonoing phonoin	MEDICAL	(IF EITHER NOTIFY MEDICAL E		P.M. E OF INJURY	19	211 LOCATION			
ten the	¥	WHILE NOT WHILE	CAT HOME	STREET, FACTORY, OF	FICE, FARM, ETC )	STREET	CITY OR TO	OWN COUNTY	STATE
After of mark		22a.   certify that (1) (this		the despessed for	M	12/10/ 10 80	2 1	2/14 86	hal (I) (we) los
7 - ~ ~ ~ ~			live on		PV /	nd that in (my) (our) apinion	n death occurred an the d	ote and hour and from the c	
RECTOR		obove (I) we) (did)	(did not) view the boo	ly ofter death.		DEGREE		22c DATES	
the the control of th		111	1.90	Det	NO	M. PATTENDING PHYSICIAN	MEDICAL STA	FF / 17//	7786
HOSPITAL ned by the FUNERAL old be det the State		224 PHYSICIAN'S NAME	CLIMA ON MINELL	1		22e ADDRESS		0.77	
o HOSPITA etained by TO FUNERA should be de with the Stot		DR. MOSEN E					N. CHARLES	SI	
	230.	BURIAL, CREMATION, REA (SPECIFY) Burial		7.06		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP			12-1	7-86		ney Valley	Timonium	Balto.	Md.
HMH - 16 60M 7/84		UNERAL DIRECTOR		ADDR	466		1 4 Q 40	356 REGISTRAR'S SIGNATU	Therener
(VRA 15, 4)	I	Ruck Towson I	Tuneral Ho	me, Inc	. Towson	,Md.21204	nrn I D 199	The state of the s	



	1	FOR			DEPARTMENT		F MARYLAND TH AND MENTA	I HYGIENE IS	3 3	000
	11-	STATE REGISTRAR		MI			CERTIFICATI		250 110	
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200000000	100	Ca PRINT)	JEROI	ME	R.Ober	t	BRANDT	OF DEATH	MATED 12	5 19 86
N STRE	1 58	x Male	White	S. DATE OF BIRTH	YEAR LAST		UNDER 1 YR. IF UNI			10 1986 6:0
NEGAL NEGAL POR YOUR MITHIN	Ta. E	IRTHPLACE (	state or		VHAT COUNTRY?	8 MA	RRIED NEVER MA	ARRIED	ore city or cou	JNTY OF DEATH
PAGE S		Dundal	OF DEATH	11 NAME OF HO		HOME, OR C	ther Institution		ATION (TYPE OF WORKING LIFE)	RK 175 KIND OF BUSINESS OR INDUSTRY Steel Mfgr.
PETAIN PETAIN FOUID B	) ISU	AL RESIDENCI STATE Marylan	d Balt	AE OR OTHER INSTITUTION, UNITY IMORE	GIVE RESIDENCE BEFORE	ADMISSION)		S2 13e STREET ADDRE	SS	2122 2 ve Balto., Md.
	J.L. F	ATHER'S NAM	E	Joseph	Bran	đt.	15 MOTHER'S MA FIRST Marga	AIDEN NAME	IDDLE	George
Z -	160.	WAS DECEAS		ARMED FORCES?	16b SOCIAL SE		17. INFORMANT	1.00	ADDRESS	21220
/	(	YES, NO. OR UNKN	own) ("195	2-1956	219-28-	7099	Marie L.	Hooks 1607	Burke Ro	oad Balto.,Md.
		18 CAUSE	OF DEATH (Enter	only one couse per li	ne for (a), (b), and (	:).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PARITO	IMMED	IATE CAUSE (o)			cardiovas	scular dise	ase	
		Condition	ans, if any, whi		R AS A CONSEOU	NCE OF				
1 H		gave	ise ta immedia	ite (b)						
		lying co	use lost.	DUE TO, O	R AS A CONSEQUE	NCE OF				
		PART 2 OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HE TERMINAL DIS	EASE OR CONDITION GIVEN I	N PART 1 (n)		
	Z	100								
	CERTIFICATION	19s. DATE O	FOPERATION	196. CONE	ITION FOR WHICH	OPERATION	WAS PERFORMED?			20 AUTOPSY?
	Ē									Head Only
		210 EXTERN	AL CAUSE WAS	216 TIME ( HOUR A.	OF INJURY M. MONTH DAY	YEAR 21c	HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OF	PART 2)
	MEDICAL	CONTRIBUT	ING CAUSE C	1.00		19				
	MED	21d. INJURY WHILE		21e PLACE STREET, FA	OF INJURY (AT H	DME, 21(	LOCATION	CITY OR TO	VN	COUNTY STATE
		AT WORK	NOT WHILE	1	-9	He	ead Anly			
	1	220 I cer	tify the Nook cho	ge of the remains of	escalbed obove, held	dan Aut	opsy Minspe	ction [ ], Inquiry	ond in my	opinion
		death resul	ted ram No	itural cayses X	Accident	Suicide	, Hamicide	Undetermined mo	nner,	
		ACTUAL	1/4	1 10	M		TITLE (SPECIFY		DA	IE 10 11 06
d	1	SIGNATURE	100		- TO 100		M.D. ASSISTA	ant_medical exam	INER SIG	TE 12-11-86
	4	EXAMINER'S	INT)	narles P.	Kokes, M.	D.	_ADDRESS1	11 Penn St.	, Balto.,	MD 21201
		SPECIFY)	ATION, REMOVAI				OR CREMATORY	236. LOCATION CITY OR TOWN	0	OUNTY STATE
		Cremati UNERAL DIRE		Dec. 12,	1986 Gree	n Moun	t Cremator	Y Baltimo		Mary Mary
				Bradley, In	2125 1	hinda 11	ATTO DE	C 1 2 1986	1 ,	S SIGNATURE
))	- W	T CEL	PLOOKS 1	practed, In	C. 213) I	under	NAG. DI	-0 1 2 1300	Si wa per	Lower No. Commercial

William Tracks Bred ev. Loc. 1873; Clarate Ave. , 1881 Land William

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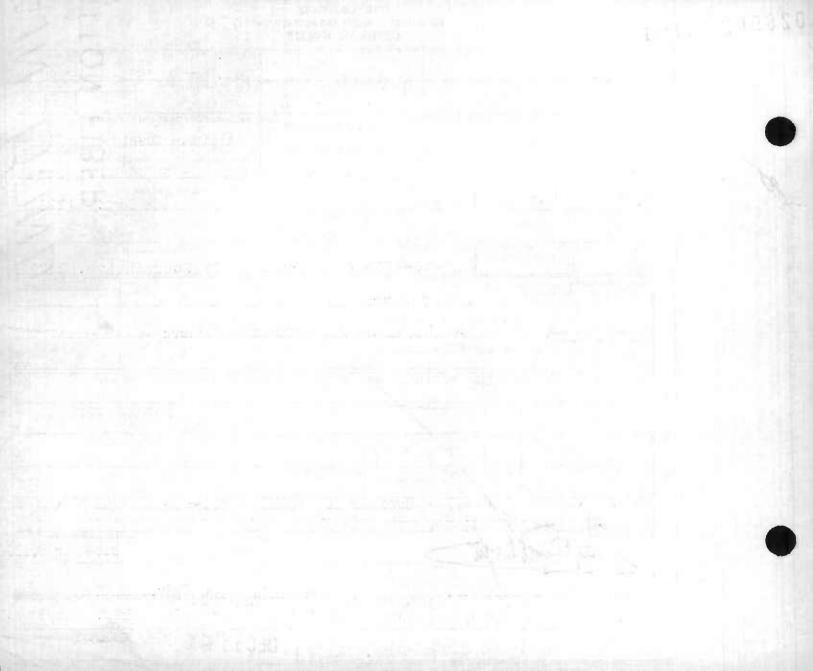
	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 6	3 3	001
DEC 2	引爆	ASED NAME FIRST	WIODLE	LAS		20 DATE OF DEATH	MONTH DAY	VEAR 26. HOUR
Dec co		OLI\			RAUER		12 21	86 4:12A <sub>M</sub>
s offer	1.58	Male	4 RACE White	S. DATE OF	BIRTH . 30°, 1915	6 AGE (IN YEARS LAST BIR	YRS.	RIYEAR IF UNDER 24 HRS
35	7e" 81	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DE	<b>ATH</b> MD
516	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION OF WORK FOR MOST OF TICKET Age	ION 126.	KIND OF BUSINESS OR
K	136.5	TRESIDE OWSON SINGHOME OF TATE 136 COUNTY BALL	OTHER INSTITUTION GIVE RESIDENCE B	FORE ADMISSION)	3d. INSIDE CITY LIMITS?	13 SIREFI ADDRESS	vzirisepi Av	re. 21234
0.		THER'S NAME	MIODLE LAST	1	MOTHER'S MAIDEN N.	AME		LAST
100	16a V	VAS DECEASED EVER IN U.S. AR			7 INFORMANT	ADDRE	SS	
	- {	res. NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR GATES) 213 05	8842	Evelyn Bran	er, Wife	Same	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Illy one cause per line far (a), (b) BY: TE CAUSE (a) PNEUMO  DUE TO, OR AS A CONSE  (b) SEPSIS  DUE TO, OR AS A CONSE  (c)	OUENCE OF				APPROXIMATE INTERVAL BIWEEN ONSET AND DEATH
impury, o	NOL	PART 2. OTHER SIGNIFICANT (						
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED .	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING ( YES	E FINDINGS USED CAUSES OF DEATH? NO [
9	¥	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR	PART 2)
	MEDIC	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFF		TIL LOCATION STREET	CITY OR TO	0/01	OUNTY STATE
21 is me	127	220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	1.77.71	AD-	that in (my) (aur) apinia	, ta		that (1) (we) last (am the causes stated
T. 0 her		226. SIGNATURE	Will -	DE	ATTENDING PHYSICIAN	MEDICAL STAI	FF	12 -21-81
117		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	nitiber = While		No.
104		IESTIE 1. W	ALTERS M.D.		GBMC D/UI	N. CHARLES	ST.	
		BURIAL, CREMATION, REMOVAL	3b. DATE		AETERY OR CREMATORY	23d LOCATION		

		pagu	°	53.0
	et. 30, 1913	9.	ţď	3 [6]
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.oc suff them two.				
7503 Fitte H111 Ave. 21236	X		Merid 6	nelves.
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wind, Alfa James	miev-	ASS 20 8 IS		

Egrid 12/23/96 Tarkwood Genetery sittrom Co., .d. rucksi nekt budeni jose il 100 die astern daggi 33 wiel

126903 DE	C	518	FOR STATE REGISTRAR			DEP	ARTMENT O	FHEALTH AN	D MENTAL HYG	IENE 8 6	REG. NO.	3 3	0	0 4	
				IRST		MIDDLE		LAST	hins in the	2a. DATE QF D		TH DAY	YEAR	26 HOUR	-
noy be poge 3		(TYPE	ORPRINI) Philli				RR	AWNER		Decemb		1986		7:00 p	и
ctor. po		3. SEX	Male	4	RACE Whi	te		FOF BIRTH	920 YE AR	6. AGE (IN YEAR	S LAST BIRTHDAY	YRS.	DER I YEAR	HOURS MIN.	-
Pogo A	71	7a BII	THPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COUN	ITRY? 8.	RIED NEVE	R MARRIED	9 BALTIMORE	CITY OR CO		EATH	- 10	
deon deon	1		Maryland		USA		WIDO	WED	DIVORCED [	Balti	more (	County		MI	
# # # # # # # # # # # # # # # # # # #	1		Y OR TOWN OF DEATH	"	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	E OR OTHER II		12a USUAL OC	OR MOST OF WO	PRKING LIFE) IN	IDUSTRY	BUSINESS OR	
1201	5		OSSVILLE	HOME OR OT				Hosp	ital	Retire	d-B&I	B PLui	mbin	g&Heat	ir
BALTIMORE, MARYLAND 2120 cote be executed a principle of the company of the control of the contr	6	13a. S		Bal	(	13c. CITY OR	TOWN		E CITY LIMITS?	13e.STREET AD				1001	
AL 强级基金	-		THER'S NAME	-	11.5	Esse			ER'S MAIDEN NA			ne Av	e. 2	1221	-
AAR TO THE TOTAL T	50	P	hilip	WIE	DDLE	Brawn		C	limenia		MIDDLE	Λm	idon		
RE, A	7	16a V	AS DECEASED EVER IN				SECURITY NO				ADDRESS	MILL	raon		-
IMO Pour		,	ES, NO OR UNKNOWN) (1	FYES, GIVE W	VAR OR DATES)	217-	26-452	3 Rit	a Brawn	er 412	Lori	raine	Ave.	21221	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certificantending physicion.  If the this certificate has been signed by the attending plast the build-transit permit. Then please remove carbon pass the build-transit permit. Then please remove carbon on the hand Memtal Hygiene prior to build, cremofina, or removed.	1	CERTIFICATION		iote the lost. CANT CO	NDITIONS CO	R AS A CONS	SEQUENCE OF				DR CONDITION	ON GIVEN IN	RE FINDIN	GS USED	=
The long in person	1	TIE									10 KX	YES		NO [	
CIAN: T physicia prificate ol-tronsi	2		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH		OF INJURY M. MONTH M.	DAY YE	AR	/ INJURY OCCUR	RED (ENTERNATUE	E OF INJURY IN	ITEM 18 PART I O	R PART 2)		
DIVISION OF DING PHYSICIA or attending planter this certificate on the buriolar of the and Mentol morked or the granter.		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE	OF INJURY	FFICE, FARM, ETC	211 LOC A	ATION REET		TITY OR TOWN	C	OUNTY	SPATE	_
TENDI rtol or rtol or			220 I certify that (the saw the deceased above	alive on	Decemb	her y	19_86_	nber 26	19 <u>86</u> (our) apinian	, taDec death accurred a	ember	9 19 E	from the c	hat (we) las ouses stated	1
At OR AT or the hosp (At DIRECT detoched foot Dept. of them 2			72% SIGNATURE	Da	Pelotyl		>	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	h	ocemb	ber 9,1	98
TO HOSPITAL TO FUNERAL should be determined the Store			Julio Pa	1	Ruiz.	M.D.		22e ADDI	ress ) Frankli	n Squan	o Driv	ve. 212	237		
PP		23a. B	URIAL, CREMATION, REA		236 DATE 12/1	-		CEMETERY C	Faith	23d. LOCATI	ON			larylar	= nd
DHMH - 16 60M 7/	84		NERAL DIRECTOR		1 ***	- ADD	RESS		25a. DAT	E REC'D. BY REC	ISTRAR 256	REGISTRATE'S	SIGNAT	BEdas	
(VPA 15 4)		C	onmellyFu	nera	<b>THOME</b>	300M	aceAv	212	21	TOTTE	June 1				

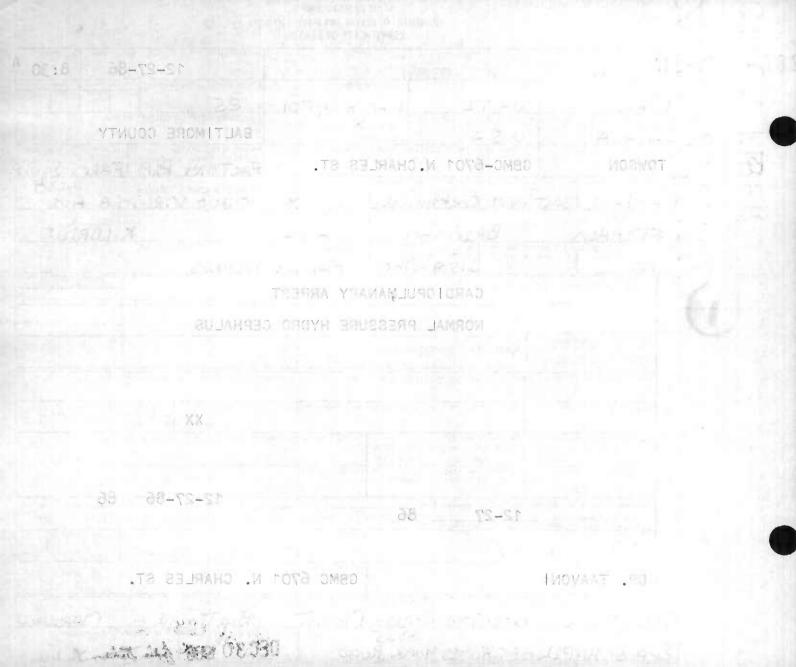
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26924 DE	cin	FOR					H AND MENT		IE 6	3 3	0 0	
002706	71	REGISTRAR		MEI	DICAL EXAM	AINER'S	CERTIFICAT	E OF DE	ATH RE	G. NO.		
	1. DE	CEASED NAME	FIRST		MIDDLE	48.40	LAST		20 DATE KNOV	VN X MONT	H DAY YEAR	2b. HOUR
MD. 21201 H. IF ANY DELAY IS NECESSARY PLEASE I, 2, AND 310 THE FUNEBOAL DIRECTOR. SETAIN PAGE 5 FOR YOUR FILES. SHOULD BEAUED, WITHIN 72 HOURS IN RECORDS 20 NW. PRESION STREET.	(145	E OR PRINT!	Wayne	2	L.	Bı	ceeden		OF ESTI	D 12/	/ 7/ 1986	AA.
TREE STEAM	3. SEX		4 RACE	5 DATE OF BIRTH		IN YEARS IF U	NDER 1 YR. IF UN	NDER 24 HRS.	2c. DATE	MÖNTH		2d HOUR
NS NS	ма	ا ما	White	Sept. 29		YRS MON	THS DAYS HOU	RS MIN.	PRONOUNCED DE AD	12,	/ 7/ 1986	9:50 P M
ALL	70 BI	RTHPLACE (ST		76 CITIZEN OF WE		10	RIED 124 NEVER N		9. BALTIMORE	ITY OR COU		1 2 ///
SHOW SEED		reign country)		U.S.A.		WIDO	_	ORCED	Ralti	more Co	ounty	
W. W.		TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING H						125 KIND OF BU	SINESS
8 # 8)	Pa	rkville			cility, give street add		h-1		MOST OF WORKING LIF		OR INDUST	
980			IF IN NURSING HOME	OR OTHER INSTITUTION, GR			L)	1 410	e Plesic	lent	Md.Nat.	bank_
38/4	130 S		13b COUN		13c. CITY OR TO	VN	13d. INSIDE CITY LIM	_ 1	EET ADDRESS		07.00	
	_	ryland	Balt	imore	Towson			x	5 Glenl	uce Ct	. 2120	4
21	1	FIRST		MIDDLE	LAST		15. MOTHER'S M		WIDDLE		LAST	
1		ander	EVER IN U.S. AR	MED EODOSSA	Breede		Anna 17. INFORMANT		ADI	DRESS	White	
/	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)								
1	No				214-54-		Margare	et E. B	reeden -	same		
	13	18 CAUSE OF	DEATH (Enter or	ly one couse per line	for (o), (b), and (c)	.)					APPROXIMAT BETWEEN ONS	
E, D	100			TE CAUSE (a).			t Wound o	of Back				
# 9\	10				AS A CONSEQUE	NCE OF						
是世/	12	gave ris	s, if any, which e ta immediate									
d		couse (o) lying cous	stating the <u>under</u> - se lost.	DUE TO, OR	AS A CONSEQUE	NCE OF						
5		1 == 5		(c)								
CAA	z	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART 1 (a).				
AL, CREMATION	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	195. CONDIT	ION FOR WHICH	OPERATION V	WAS PERFORMED?				20. AUTOPSY	2
IOR TO BURIAL,	FIC	Children									YES DX	
-	4 5	21a. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	21c F	OW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OR		NO 🗌
	A P	UNDERLYING	XOR IG CAUSE OF		MONTH DAY	YEAR	ubject sh					
	50	21d INTURY O	CCURRED	21e PLACE C	FINJURY (AT HO		DCATION	101				
	ME	WHILE AT WORK	NOT WHILE	X .	ORY, FARM, ETC.)	05	STREET	27	CITY OR TOWN		YTAUO	STATE
		AT WORK	AT WORK	or	street	185	02 Arry I	race,	Baltimor	e coun	Ly, Ma.	
		22a I certif	y that I took char	e af the remains des	cribed obove, held	an Auta	7	ection .	Inquiry	and in my	opinion	
		death resulte	d fram: No	al couses .	Accident .	Suicide	, Hamicide	Undet	termined manner	<u></u> .		
5			10	TV	-		TITLE (SPECIF			DATI	10/01	0.6
TANT	10	ACTUAL	X				N	1 -			17/0/	86
RE, MARY		ACTUAL SIGNATURE_	A	11		/	M.D. Assist	ant MED	ICAL EXAMINER	SIGN	LED 12/8/	
MORE, MARY	5	SIGNATURE_	NAME	)	/					SIGN	NED	
ANTIMORE, MARY	3	SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	G.C	egory R. I		M.D.	_ADDRESS	111 Pe	nn St.	SIGN	NED	
DANIMOKE, MARY	7 23a B	SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	NAME GY IT) GY ION, REMOVAL			M.D.		111 Pe		SIGN		TATE
BANTIMORE, MARY	B	EXAMINER'S I (TYPE OR PRIN URIAL, CREMAT (PECKY)	IT) G.Y.		23c. NAME O Dular	M.D.	ADDRESSOR CREMATORY	111 Pe	enn St.  OCATION ORTOWN OCKEYSVII	sign	alto. M	
(G L BANTIMORE, MARYLAND, 21201 PRIO	B: 24. FI	EXAMINER'S I (TYPE OR PRIN PECIFY) Urial UNERAL DIREC NAME	IT)GY	236 DATE	Dular 1050	M.D. FCEMETERY ( Ley Val	_ADDRESS	111 Pe	enn St.	co Lle, B REGISTRAR'S	alto. M	TATE

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STATE OF MARYLAND



175	1				OF MARYLAND	9 4 2	7
7 -20	1.	FOR STATE	D		EALTH AND MENTAL HY	GIENE O O	3 0 0 3
26969 DEC	100	REGISTRAR	TOTAL MIDDION AS		ASI BRICKER	REG. NO.	DAY YEAR 26 HOUR _/
o w E		CORPRINT) Ruth		0	1	12/1/9/	11534
oy b	2.65		TAYLOR	S. DATE C	Ken	AGE POLYLAND LAST BRITIDAYS	IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4 mi	3. SE	Female	white	MONTH		72 YR	MONTHS DAYS HOURS MIN.
0 41 11	7a. B	IRTHPLACE (STATE OR FOR IGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
to of X	1	US (Ma)	US	WIDOWE	D DIVORCED	County	MD.
510	7	Balti	11. NAME OF HOSPITAL,	VE STREET ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN ACCOUNTANT	126. KIND OF BUSINESS OR INDUSTRY Telephone Co
VD 2120	13a.	RESIDENCE (IF NURSING HOME OF	NIY 13L CITY	DR TOWN	INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 4505 Arabia A	ove. 21214
TIAN III		ATHER'S NAME		119	15 MOTHER'S MAIDEN NA	ME	
AR I BE	1	FIRST		AST	Poso	WIDDLE	Taylor
E. N		Peorge WAS DECEASED EVER IN U.S. AR	MED FORCES? TIES SOCI	AL SECURITY NO.	Rose 17. INFORMANT	ADDRESS	Taylor
BALTIMORE, one of the second o			E WAR OR DATES)	01-6903		5470 Mersea Ct.	Burke Va. 22015
BALT		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nty one couse per line for yo	, (b), and (ç), )	^ ^		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RP		SPECIFY)				CITY OR TOWN	STATE YINUOD
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DHMH - 16 60M 7/84 (VRA 15, 4)	Mi	tchell-Wiedefel	d Home 6500	York Road		JEC 1 1 1986	Devideon Rondale

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2936	6 2 JAN -6	97-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH	YGIENE 3 6	3 3	000
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AND 20	A STATE OF THE PARTY OF THE PAR	M.A	RYLAND 138	COUNTY ALTIMORE	SIDENCE BEFORE ADMISSION) ITY OR TOWN 21204	134. INSIDE CITY LIMITS?	2 AIRWAY	ZIP CODE CIRCLE #	#3A 2120 <sup>1</sup>
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TIMO	60 4		YES, NO OR UNKNOWN) WIFY	W. II Pl	-22-5333	SHIRLEY S	. BRIDGES		MD 21204  PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PAG PHYSICIAM. The law requires that the death certifi	ingred by the otherdring p Then please remotion, ar rem injury, or other traumotic evi	NOI	Conditions, if ony, which gave rise to immedia cause (a), stating the underlying cause lost	te be due to, or as a	CONSEQUENCE OF	NOT RELATED TO THE TE		DITION GIVEN IN PA	RT Ita
M RECO	box ber	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	
OF VIT	altranu mel typ		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE  [IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A.M. A		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PAR	RT 2)
IVISION IG PHYS	otherdin ter this on the burn hand Me need out	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
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MTAL OR	ERAL DRE FOR DEST Stute Dept		22b. SIGNATURE  22d. PHYSICIAN'S NAME	Hoera (I) PPE OR PRINTI)	0	DEGREE  ATTENDING PHYSICIAN  127: ADDRESS	MEDICAL STAI	FF	DATE SIGNED
O HOS	TO FUNE should be with the St.		WILLIAM H	.B. HOWARD,		201 E. UN	IVERSITY PR	WY 235	5-9806
	BP		BURIAL, CREMATION, REMO NTOMBMENT			EMETERY OR CREMATOR	CITY OR TOWN	MORE COUNTY	VTY. MD
- 0	MH - 16 60M 7/84	24. F	JNERAL DIRECTOR		ANTONIA TYPE	25a. D	ATE REC'D. BY REGISTRAR	25h-REGISTRAP'S SIG	CNATIARE
DH	(VRA 15, 4)	WI	LLÎAM E. J	OHNSON8521	LOCH AVE	N BLVD. JA	IN 5 1987	Julia Dandes	m. Kandolib

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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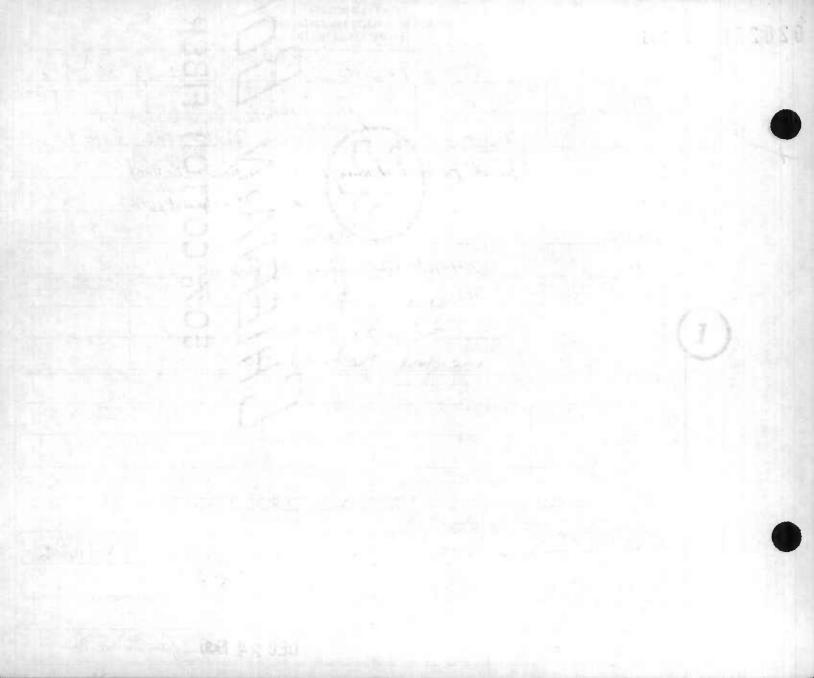
q	29	REDISTRAR		CERTIE	ICATE OF DEATH	REG. NO			
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			b. CITIZEN OF WHAT COL	JNTRY? 8	_ 9	BALTIMORE CITY OR	-	DEATH	
		COUNTRY)	11.5.A	MARRIE		Raltin	DORE	Com	ester MD.
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	1		ADDLE L	AST	HA KINDUA)	WIDDLE		LAST	
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			1217	10 10	THE OF	acuena	T	APPROXI	MATE INTERVAL
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	(b), ond (c)	Pailm	0		BETWEENC	MATE INTERVAL ONSET AND DEATH
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9		OR CONTRIBUTING CAUSE OF DEATH	110110 1 11 11011	TH DAY YEAR	21c HOW INJURY OCCURRED	) (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
ĺ	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				- 1	
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM, ETC }	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
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		sow the deceased alive on above, (1) (we) (did) (did not)	1 69		nd that in (my) (our) opinion dec	oth occurred on the dot	e and hour and	I from the c	couses stated
		226 SIGNATURE	- 1 -		DEGREE ATTENDING	MEDICAL STAFF	1	22c. DATE	SIGNED
		11, 1,0	Devad 65	5 1	PHYSICIAN D	DIRECTOR PHYSICIA	AN	19	14/86.
		224. PHYSICIAN'S NAME (TYPE OR	-11		22e ADDRESS	8-11	)		
		17. De	vados	7 WD	BBNH.	20 4			
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	10	LINITY	\$7.15
		Burial	12/22/86	Mt Zion	Cemetery	Landsdown	CO	UNIY	Md

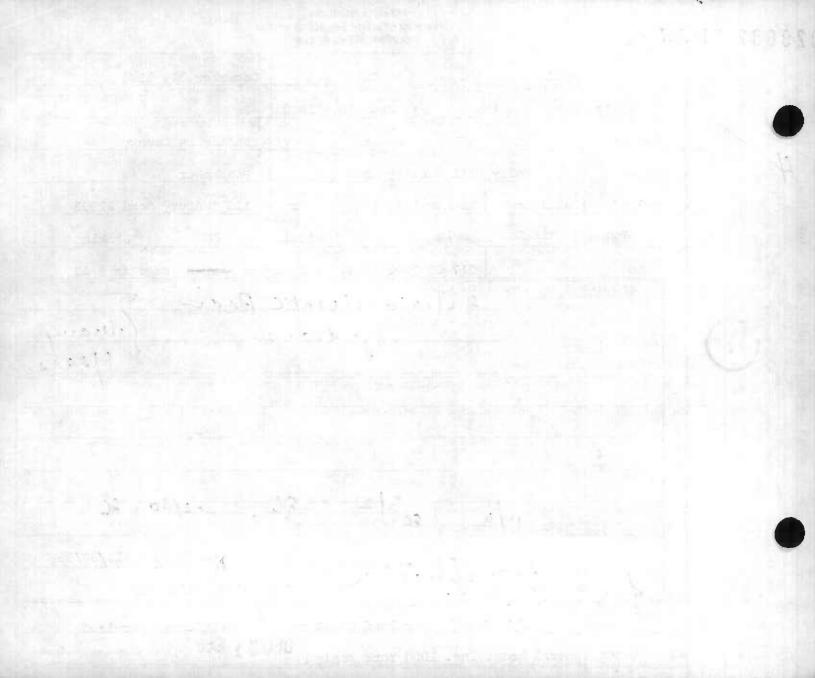
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue Landsdown

DEC 24 1986 Julia Dender Kondans





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To the Royal	10 CIT	Y OR TOWN OF DEATH			RSING HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
of the of		Towson		v Nursi	ng Home		Housewif		Y
S12	USUA	L RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)				01006
No 224	13e. S	Jaryland	OUNTY	Baltin		YES XX NO [	13e STREET ADDRESS /	Northern I	21206
A se		THER'S NAME			.020	15. MOTHER'S MAIDEN NA			- 12111 9
mplet of will		Frank	MIDDLE	Fulde	a	fannie	MIDDLE	Dula	aney
RE,	160 W	AS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	ss 2120	06
Mo o o o	(V	5. HOOR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)	217-07	7-7067D	Dolores N. I	Knighton 350	3 Northern	Pkwy
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of extending physician.  The low requires that death certificate bas been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbangopers. Pages 1 and 2 should be filled in by the and Mental Hygene prior to burial, cremation, or removal.  The notation of the proof of the prior to burial, cremation, or removal.  The notation of the prior to burial, cremation, or removal.	NO	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying cause los	(b)	R AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	And o	DITION GIVEN IN PART	110
Co seen	ÞĔ	90 DATE OF OPERATION	19b. CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED	2/a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
ALREGON.	CERTIFICATION						YES NO	IN CERTIFYING CAUSE YES	
pr VITA physici physic		210. ACCIDENT WAS UNDERLYING CAUSE	110110 4		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)	
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REC PPT. o		obove, (I) (we) (did) (d	lid not) view the body	ofter death.		DEGREE			E SIGNED
the part of the pa	=1	man	(. Kous	Doing	1/1	MAN ATTENDING	MEDICAL STAF	F	26-86
HOSPITAL need by t FUNERAL old be det the State		22d. PHYSICIAN'S NAME (	TYPE OR PRINT)	. /	11	PHYSICIAN 1	DIRECTOR   PHYSIC	IAN [ [2	26 00
TO HOSPITAL		Dr. Mari	in Kais	lowsk		2014 Har	Food Pd	11-8-	7030
TO HO Should with the Polynoise of the P	23o BI	JRIAL, CREMATION, REMO	OVAL 236. DATE	12	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	VVV U	7-3-
BP		Burial	Dec 29			Park Cem.	CITY OR TOWN	COUNTY	STATE
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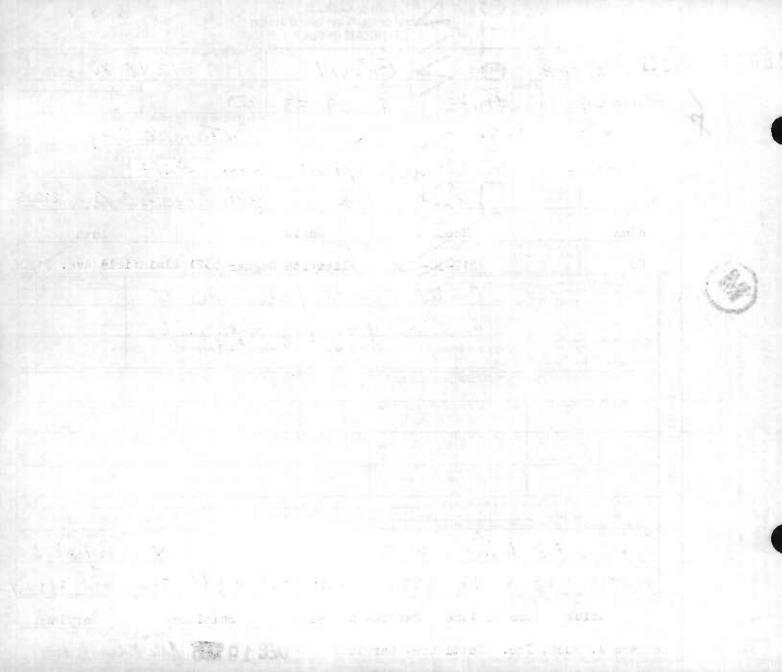
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Hygiene prior to the grant of t	DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
	(10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PA	RT 2)
MED MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn coun	NTY STATE
S a S	20 I certify that (I) (this hospita	ol) attended the deceased fro		. 19	, to	. 19	, that (I) (we) last
10 th	saw the deceased alive an obave, (1) (we) (did) (did not)	view the body ofter death.		d that in (my) (our) opinion	death occurred on the do	ate and haur and fro	m the causes stated
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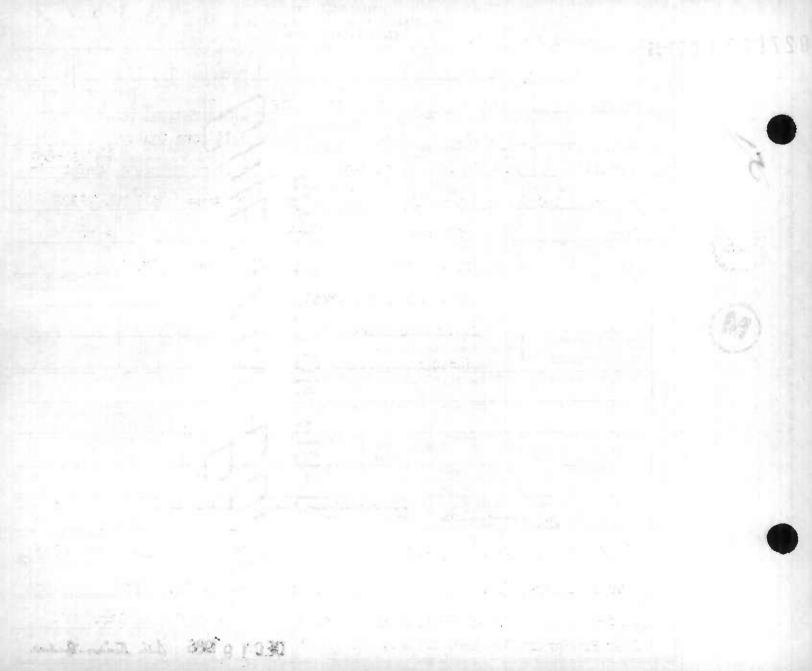
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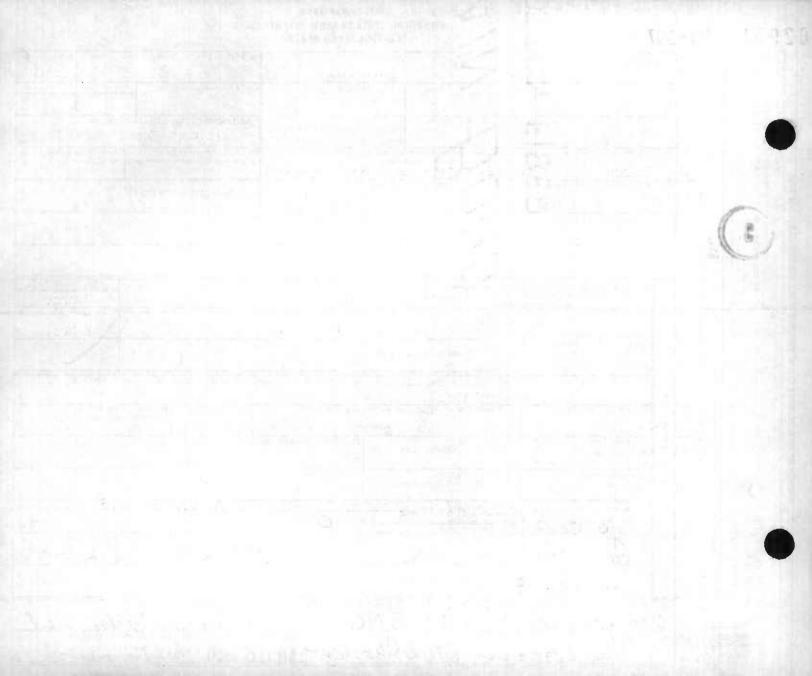
Ruck Towson FuneralHome, Inc. Towson, Md. 21204

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PT-88 Common Street Resident Common Parties and trades and the same



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	e lo	perm perm	3	IFIC						YES NO	IN CER	TIFYING CAUSES	
/ITA	Z. Th	ronsit	15	CERTIFICATION	216. ACCIDENT WAS UNDERLYING		JURY	21c H	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			
OF.	CIAN Ph)	ol-tro	E-1		OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR					
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	ATTENDIN ospital or	Se o	E S		220.1 certify that (1) (this hosp saw the deceased alive or	ital attended the de	ceased from	ecember	29 , 1986		29	19 86	that (I) (we) last
	R ATTEN	for of H	21 :		saw the deceased alive or obove, (1) (we) did (did no	December	29 19 86	, ond that	in (aur) apinion	death occurred an the de	ate and h	aut and fram the	causes stated
	DC E	hed hed	Te a		226. SIGNATURE	ar vew me body drie	- dodin.	DEGRE				22c. DATE	SIGNED
	AL O	AL D	Ţ.,		Gary 150	nowicz	MS		ATTENDING PHYSICIAN	MEDICAL STAL	IAN [	12/	30/8le
	SPIT d by	NER be	TAN 7		228. PHYSICIAN'S NAME (TYPE	-		22e. A	ADDRESS				
	O HO	TO FUNERA should be di	MPORTAN		Gary Karlow:	ica, M.D.			G.B.MC.				
	Te	£ 42 ≯	≥ *	23a E	SECUTION, REMOVAL	236. DATE/2/1	9/0 236 NA	ME OF CEMETE	RY OR CREMATORY	23d LOCATION		A course	57.77
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	(\	/RA 15,	4)		Lohn 2/40	Laur	676110	mark	CA JAN C	6 1986 4	lia L	widson Par	dath



28110 050	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HEALT	MARYLAND H AND MENTAL HY FE OF DEATH	GIENE 3	6 REG. NO	3	30	1 1
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de de de		WILLIAM	:	۹.	BURKE		DECEMB	ER 20,	1986	OCC N	:10 a м
The Man	1.58	X	4 RACE		5. DATE OF BIR	DAY YEAR	6 AGE (IN	YEARS LAST BIRTH	IDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	1	MALE	BLACK		OCTOBER	22, 1922	64		YRS.		HOOKS MIN.
185		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WE	IAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED		RECITY OR  IMORE			MD.
	FO	RT HOWARD	VA MEDIC	ACILITY, GIVE STREET	ADDRESS)	OWARD, MD.	120 USUAL	OCCUPATION OF THE PROPERTY OF	N		F BUSINESS OR
	M	AL RESIDENCE ( STATE ARY LAND		e residence before a city or tow Baltimore	YES	NSIDE CITY LIMITS?		ADDRESS / WHITE	ZIP CODE CHAPE]	L ROAD	21215
1 11 30	1	Edward	MIDDLE	Jackson		G Harriett	te	MIDDLE		Burk	
be execu-	-		GIVE WAR OR DATES)	\$ SOCIAL SECU 216 07	RITY NO. A11 2488 CLI	len Burke 351 N. RCDS. V	l3 White /A MEDI	Chapel CAL CE		FT. H	OWARD, MD
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he low require for. Thos been signed to penial Their penies though the prior to but	CERTIFICATION	CHRONIC ACTI	VE HEPATIT	IS, DIA		LLITUS, PE		AL VAS	CULAR 20b. IF YES,	DISEA: WERE FINDIN	SE NGS USED
HTSECIAN Inding physic his certifician having from thempoly	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEET CONTRIBUTING TO CAUSE OF LEFT CHEET CAUSE OF LEFT	DEATH HOUR A.M. NER) P.M. 21e. PLACE OF	MONTH DA	19 21f I	HOW INJURY OCCUP	RRED (ENTER NA	CITY OR TOW		T I OR PART 2)	
NDING P or other treatment	×	WHILE NOT WHILE AT WORK  22a I certify that (1) (this has	spital) attended the d	eceosed from	11/12	19_86	, to	12/20		86	state that 和 (we) lost
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TO HOS	23a	BALA DUGGI		1 23¢ N		A MEDICAL ERY OR CREMATORY			HOWARI	MD.	21052
BP		Burial UNERAL DIRECTOR	12/24/86		rison Fore		CITY	ngs Mi	11s	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		arch Funeral Home	West 4300	Wabash Av	enue	DEC	2319	385	Julia De	colder .	midael

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oge 4		ale	White	MONT 1	27 18 YEAR	68	YRS. DAYS	HOURS MIN.
heath. P		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COU USA	MARRIE		Baltimore City or		MD.
offer of	F	OSSVILLE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIVE FRANKLIN SQU	VE STREET ADDRESS)		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Electriciar	WORKING LIFE) INDUSTRY	of Business or al #24
AND 2120	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 507 Bowleys	ZIP CODE	
AARYL	14. FA	ATHER'S NAME Michael	S. Butti	ast ner	15. MOTHER'S MAIDEN NA FIRST Anita	ME MIDDLE		VS1
BALTIMORE, MARYLAND cote be execute within 24 spicion and committe fill opers. Pages wal. it, the medical committe it, the medical	- (	VAS DECEASED EVER IN U.S. AR YES, NO OR LINKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIA	AL SECURITY NO01-1812	Margaret E.J.	eter 507 Boy	s vlevs Otrs.	Rd. 21220
so that the deleby the oth please remove riral, cremation, or other travers.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	nsequence of	ung and COPD	ANNA DISC ASS OR COMP	TION CONTAINING TO	- 8
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UG PHYSON offer this of the bund Minked or rinked or rin	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOW		STATE
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TAL OR A y the hor RAL DIREC detached inte Dept. IT: If Item		226. SIGNATUR	belu			MEDICAL STAFF DIRECTOR PHYSICIA	/ 11	9/86
TO HOSPIT, retained by TO FUNER, should be 4 with the Stall IMPORTAN		A .	MINOCHA		9000 Frankl	in Square Dr	., Balto.,	21237
7 ± 3 ₹	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
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4 may b far page after deal	3. SE	× Collins	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
2 hours	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
d of	10 0	ITY OR TOWN OF DEATH	7/, S, P.	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSHESS OR
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AND 21120	13u.	AL RESIDENCE IN HUMANO HOME OF	SITY BALL	IMANE YES ON O	130 STREET ADDRESS / ZIP COD 4618 Chattor	dAve, 21206
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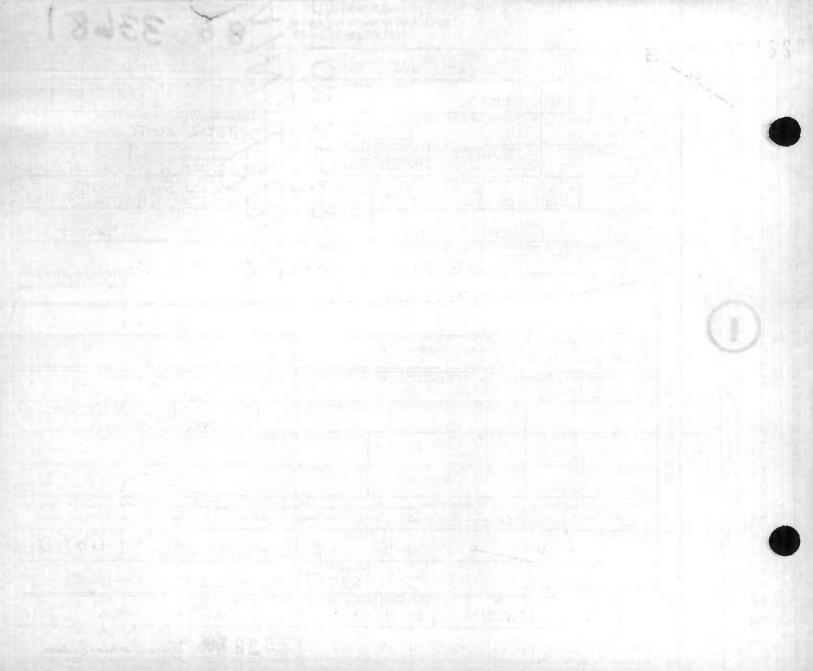
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

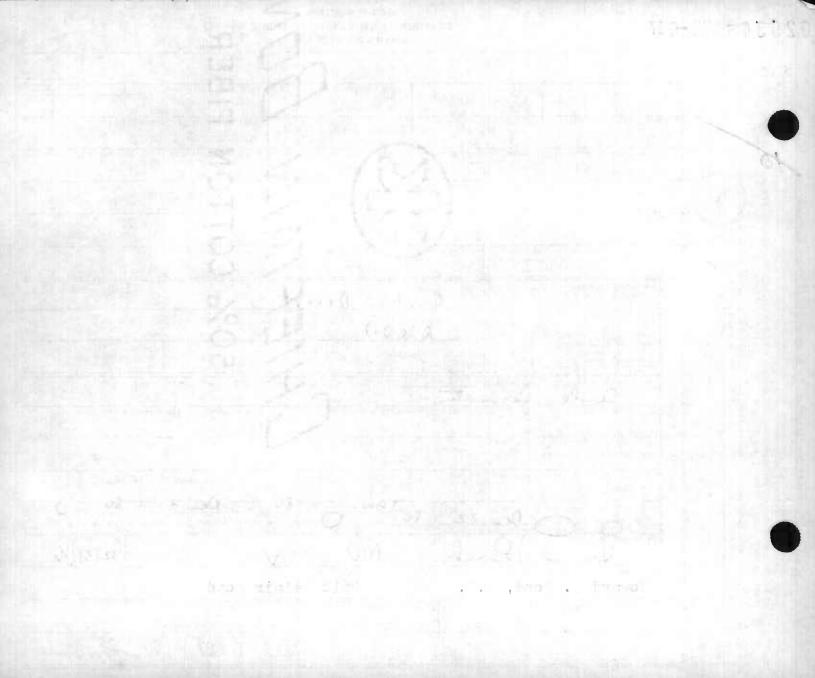
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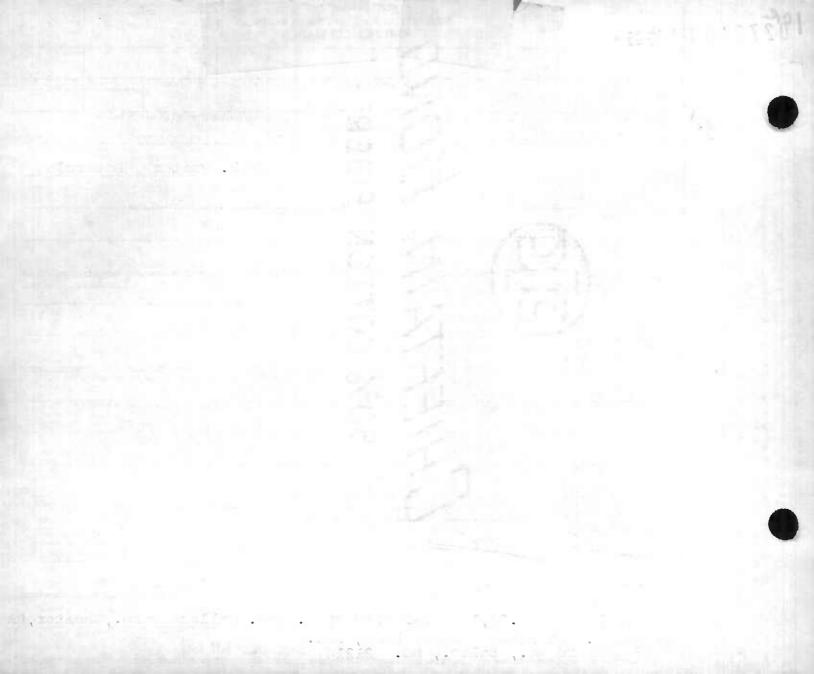
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Dec.20,1986 Fairview Pres. Cem. Wallace Twsp., Chester, PA Burial ROBERTO. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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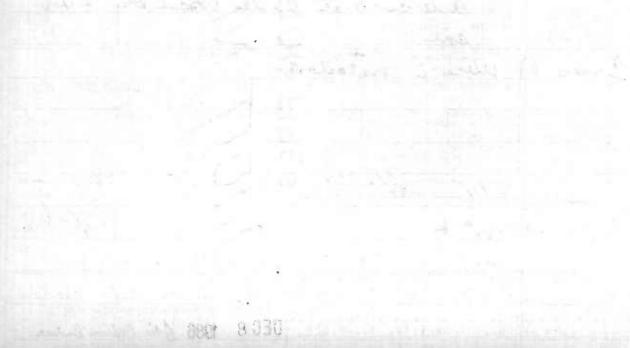
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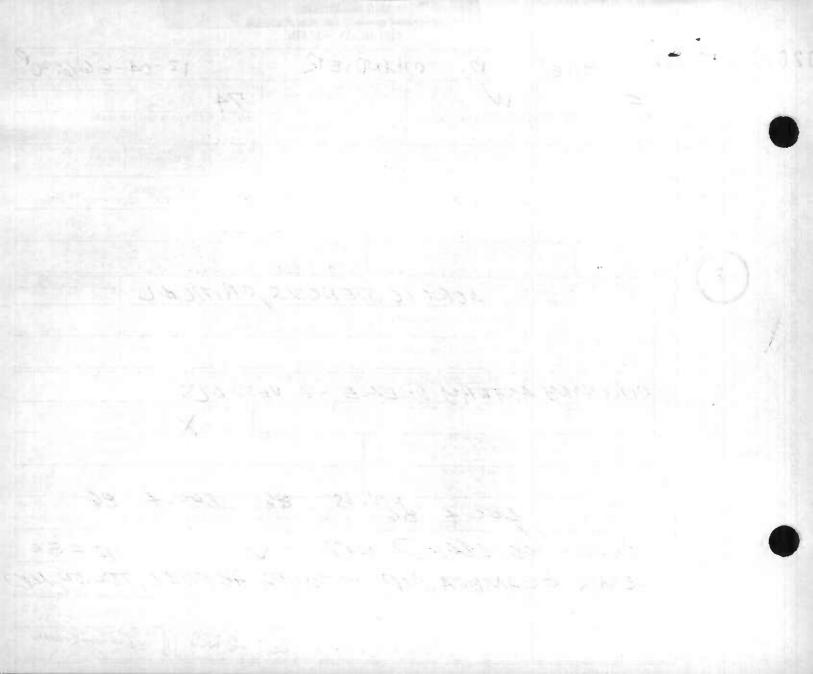
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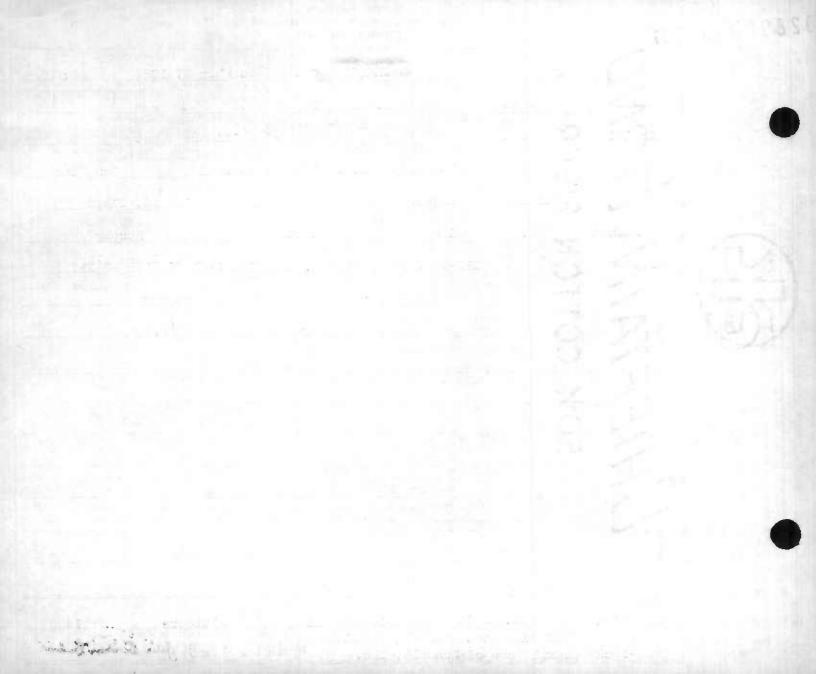
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1630 Edmondson Avenue, Catonsville, MD. 21228



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in 24 hours in Sold in	Md.	B B	HOME OR OTHER INSTITU L COUNTY altimore	130 CITY C Ba1	or town timore	13d. INSIDE CITY LI YES NO	4	STREET ADDRESS / 502 Fuller	zip code	enue-21	236
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BALTIMORE, MARYLA cote be executed within yielden and completely object completely the mudical completely			U.S. ARMED FORCI IF YES, GIVE WAR OR DAT		AL SECURITY NO. 8-6250		Faye B	ird Pasade	3rd St	-21122	
F E 233	18 <b>CA</b> PA		Enter anly ane cous CAUSED BY: MEDIATE CAUSE (a	e per line far (a)	(b), and (c).)	STENOS	XI,	CRITIC	46	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
201 W. PRESTON es that the death conned by the attendin please remove corturiol, cremotion, or	gove couse unde	rlying cause	hich liote the lost.	O, OR AS A CO O, OR AS A CO O, OR AS A CO	NSEQUENCE C		THE TERMINA	al disease or con	DITION GIVEN	IN PART 1(a)	
AL RECORDS in he low requi ion. in hos been sig it permit. Thet iene prior to b in many injur	TIFIC	RONAN TE OF OPERATIO	RE-	E RY ONDITION FOR	DISE WHICH OPERA	45E -2 TION WAS PERFORME		200 AUTOPSY?		VERE FINDINGS	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  After this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked at flem 18 stans any injury	WHILE	CCIDENT WAS UNDERLY NTRIBUTING CAU THER NOTIFY MEDICAL JURY OCCURRED NOT WHILE AT WORK	SE OF DEATH EXAMINER)  21e PL	ME OF INJURY R A.M. MON P.M.  ACE OF INJURY ME STREET, FACTORY		19 211. LOCATION	Y OCCURRED	(ENTER NATURE OF INJUI		ORPART 2)	STATE
OR ATTENDI e hospitol or DIRECTOR: A sched for use Dept. of Heol	so o	ertify that (1) (th	is hospital) attende			, and that in (my) (aur DEGREE				86, that and from the cause 22c DATE SIG	
TO HOSPITAL retained by the TO FUNERAL should be detained to with the State with the State important: It	22d. PH	HYSICIAN'S NAMES AT A	(TYPE OR PRINT)	BOA	, NO	22e. ADDRESS		MEDICAL STAI SIRECTOR PHYSIC	D <sub>10</sub>	enzez	Mes
₽₽ = ₩ 3 ≤ <b>/</b>	23a. BURIAL, (SPECIFY)	CREMATION, REBURIAL		8-86		of Cemetery or crew		23d LOCATION Ballyim	ore,Mat	Yland	STATE
DHMH - 16 60M 7/84	24 FUNERAL		er Inc.64	15 Bela	ir Road	=21206	DEC DATE R	9 1986	25 REGISTR	R'S SIGNATURE	does

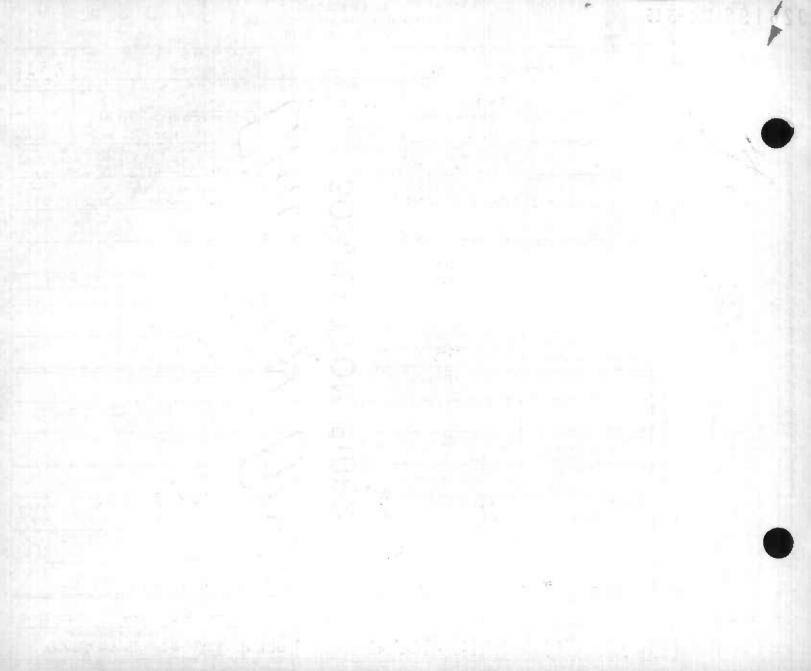




3 9 8 4 JAN -5	STATE OF MARYLAND  PARTMENT OF HEALTH AND MENTAL HYGIENE  OF STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.	0 7 4
ay be	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY  (TYPE OR PRINT) MILDRED C. CLARK  3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF U	R 2b. HOUR AM
ctor. p	FEMALE White "10" 26 '10 76	
135	76. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED DIVORCED DALTIMORE CITY OR COUNTY OF MARRIED DIVORCED DIVORCED DALTIMORE	COUNTY MD.
2 58	TOWSON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). HOSPITAL (TYPE OPMORTS OF WORKING LIFE)!	2b. KIND OF BUSINESS OR DEPTY. Store
filled in hauld be removed be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland 131. CHY OR 15WN 132. STATE ADDRESS 1749 OR 15. 134. INSIDE CITY LIMITS? YES \( \text{NO } \text{NO } \text{NO } \text{TOW SON}	21204
mpletely exemine	14. FATHER'S NAME  FIRS Arthur  MIDDLE  Coleman  Ruelma  MIDDLE  MIDDLE	Massey
be execut on ond co	16d WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   17. INFORMANT   ADDRESS   17. INFORMANT   ADDRESS   212-01-0617   Mrs. Ellen Bauer   3815 Yolando	Rd. 21218
death certificate attending physici ove corbon pape. Hido, ar removol. coumotic event, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b) Lift Lower Love Preumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n. as seen signed by the negatives that the new signed by the nemit hen please fem the prior is burief, seen in the new sis any injury, or other the new sis any injury, or other the new sis any injury.	E Time IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
IAN: The lophysicon. rificote has l-transit per oil Hygiene in 18 shows	HOUR AM MONTH DAY YEAR	ORPART 2)
UG PHYSICIAI attending ph fer this certificates the burial-tr hand Mentol rked or Item 1	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  AT WORK  TO WHILE  AT WORK  AT WORK  TO WHILE  TO WHILE	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. At should be detached for use o with the State Dept. of Health MAPORTANT: If them 21 is mon	22a.1 certify that (11) this haspital) attended the deceased from December 17, 19 St., to December 12, 19 sow the deceased glive on December 12 19 St., and that in (my Dour) apinion death occurred on the date and hour and above, (11) well (did) (did not) view the body after death.  27b. SIGNATURE  DEGREE  TATENDING MEDICAL STAFF PHYSICIAN'S NAME (1YPE OF PRINT)  27d. PHYSICIAN'S NAME (1YPE OF PRINT)  PATRICIA A. SAVADEL 120 SR. PIERRE DR. TOWS	d from the causes stated 22c DATE SIGNED 12/22/8C
BP	Transfer 1 17/30/96   Hardenstein 0 / 1 m 4.	salto. Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ruck Towson Funeral Home, Inc. 1050 York Rd 21204 250 DEC 3 1 1986 Julia Dec 3 1 1986 Jul	SSIGNATURE

Language in 1974 in			0	
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	ida Carcon 1314	ite	- / JE/3=	10/2 2019

\$195 DEC-		FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 3 0	7 1
		CEASED NAME FIRST	ī	MIDDLE		AST	20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
eath eath	1111		JAMES	Α.		CLINE	December 3	, 1986	8 30 AM
may by page er deat	3. SE	X	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
ctor s off		Male	Whi	te	Nov		67	YRS. MONTHS DAYS	HOURS MIN.
2 32 30	Je: B	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN C	F WHAT COUNTRY?	8.	XX NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
1, 16 200	1	Maryland		S.A.	WIDOWI	DIVORCED	Baltimor	e County	MD
MAN		ITY OR TOWN OF DEATH	(IF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IKING LIFE) INDUSTRY	OF BUSINESS OR National
2 100		Voodlawn	6602	Bowman Hil	1 Roa	ad	Brewery Worke		ng Co.
1 1226	130.		COUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP		
	_	faryland   B	altimore	Woodlawr	1	YES NOX	6602 Bowma	n Hill Ro	ad 21207
1 12/27	1	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LA	ST
1 1000		James	W.	Clir		Nellie	G.	Warne	r
Pages			S. ARMED FORCES ES, GIVE WAR OR DATES!			17. INFORMANT	ADDRESS		
S. Po		10		217-10-5	680	Grace Cline	Same as # 1	3	
quires that the death certificat signed by the air distribution be brief, crematical, crem	NO	Conditions, if only, white gave rise to immediate cause to starting if underlying cause for PART 2. OTHER SIGNIFIC.	DUE TO.	OR ASSECUTE CONTRIBUTING TO D	(	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	lo:
been prior	CERTIFICATION	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED S OF DEATH?
G PHYSICIAN: The Is the differential physicion. The this certificate has the buriol-transit per and Mental Hygiene and Arental Hygiene ked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX)	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21s. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART T OR PART ?)	
DING PHYSIC  or attending  After this cert is os the buriol alth and Ment marked or Iten	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CHYOKIDAN	COUNTY	State
TTENI pital TOR: far us of He		220.1 certify that (I) (this saw the deceased aliabave, (I) (we) (and) (a			(6, or	d that in (my) (our) opinion o	death occurred on the date or		that (I) (we) last causes stated
TAI OR A y the hos RAI DIREC detached forte Dept		226. SIGNATURE	11	M	4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [	224. DATE	SIGNED / 7/86
TO HOSPITAL ( etoined by the TO FUNERAL ( should be deto with the Sfote ( MAPORTAN); if		Marcelling		rne M.D.		5772 West	view Mall, Ba	ltimore, N	B MD.
E 5 F 0 > 5	23a. I	SURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	
BP		Burial /	12/6	/86  Cre	stlav	n Mausoleum	Marriottsv	ille	Maryland
(SPECIFY) /	ral H	omes P.A. ne	REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNAT					



8694 DEC 3	118	6FOR STATE				PARTMENT OF	IE OF MARYLAN HEALTH AND ME FICATE OF DE	NTAL HYGI	ENES 6		3 3	0 7	Sing .
noy be poge 3 or death	(TYP	REGISTRAR CEASED NAME E OR PRINT)	Kermit ERMI	+	MIDDLE NMI		(LO41)			8/86			Pag M
Poge 4 m director, p	3. SE	Ma:	le	RACE -	d.	ite MON	1-21-1	YEAR S	6		YRS.	DAYS H	FUNDER 24 HRS
The trees of the Cooper	18, C	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, N	WIDOW	ED NEVER MAI ED DIVO OR OTHER INSTITU	RCED 🗌	BALT LO LISUAL OC	POU.	17ty		ME BUSINESS OR
24 ho	USU 130	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION Y	GIVE RESIDENCE	MARIS E BEFORE ADMISSION R TOWN LE RIVEY	134 INSIDE CITY	LIMITS?	13e.STREET AD	DRESS / ZIP	lorker	West	inghou
coted within	14 F.	Prestor  NAS DECEASED EVER	n (	Doud	LA		15 MOTHER'S M	AAIDEN NAM	۸E	Sawer	s	LAST	.0
be exect on and is. Poges		YES, NO OR UNKNOWN)	( IF YES, GIVE V	WAR OR DATES)	231	03 5251	Lassie		oud 28	ADDRESS		ve Ba	ILO JI
quires that the death c signed by the attendir hen please senare cost to buriot, cremation, or yory, or other traumati	Z	Conditions, if any, gave rise to immediate (o), stating underlying cause	nediate ng the last.	Ib)   DUE TO, O	R AS A CON	SEQUENCE OF	TNOT RELATED TO	O THE TERMI	NAL DISEASE (	dr Conditio	IN GIVEN IN P	'ART 1(0)	
The low re	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR V	VHICH OPERATION	ON WAS PERFORM	NED	200 AUTOPS		IF YES, WERE CERTIFYING C YES	AUSES OF	S USED F DEATH?
ding physical and a second control and a second con	MEDICAL CE	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEATH	P. 21e PLACE	M. MONT M. OF INJURY	H DAY YEAR	21c. HOW INJUR						
ALOR ATTENDING PO the hospital or other ALDRECTOR, after the detached for users the site Dept. of Health and T. If them 21 is morked.	W	WHILE NOTWHAT WORK  220.1 certify that (1) saw the decess above, (1) (we) (2) 22b. SIGNATURE	this hospital	ttended th	e deceosed		DEGREE	ENDING _	to	STAFF	220	tha	
TO HOSPITAL returned by 11 TO FUNERAL should be det with the State	23a	Carla S.	Alexa	ander,	M.D.	1234 NAME OF	22. ADDRESS  Dulaney  EMETERY OF CRE	Stell Valle	a Maris	Hospi Towso	.ce	21204	706
BP	1	SPECIFY)	REMOVAL	12/	30/86	Gardens	of Fait	h Isa rema	CITY OR	nore (		Mary]	and
(VRA 15, 4)	MH. 16 60M 7/84 Home PA 1407 Old Eastern Ave 1250 TEC 30 FEGGER 23V RECUSTRATES	b.											

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Sanfriel James Francis distance of James 38 02 1 Participation of the Land Line of the Land of the Land

DHMH - 16 60M 7/84

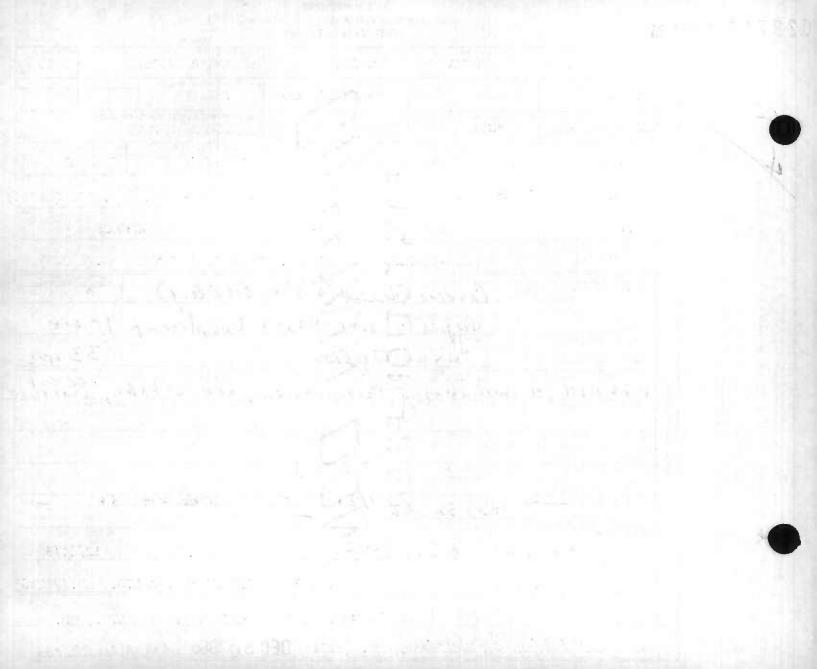
(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O

		KLOIJIKAK							REG. NO.				
1		CEASED NAME ORPRINT)	REVA		ETTA		OGAN		TEOFDEATH MONTE		YEAR	5:1	5 AM
	3. SEX	FEMALE		4 RACE WHITE		5. DATE O	F BIRTH RCH º47, 1910			MONTH		IF UNDER HOURS	24 HRS MIN.
5	W	RTHPLACE (STATE O EST) VIRGI	NIA	*US		MARRIED WIDOWE	DIVORCED [	BAI	IMORE CITY OR CO	JNTY			MD.
)	P	IKESVILLE		JÉWISH	"CONVALES	CENT	ROTHER INSTITUTION HOME		UAL OCCUPATION		MEMA		SSOR
5	130 N	AL RESIDENCE (# NU LARY LAND THER'S NAME		IMORE	PIKESVII		13d INSIDE CITY LIMITS? YES NO 1		SLADE AVI	CODE AP	г. 10	)2 (2	21208)
Z		WOLF		MIDDLE	KIRSON		FÄNNY	AME	WIDDLE	SCHL	OSS LAS	T	
1		VAS DECEASED EVE VES. NO OR UNKNOWN)		MED FORCES?	220-40-7		WILLIAM C.	COGA	ADDRESS N 8504 TOP	PING I	RD. (2	21208	3)
2	CERTIFICATION	929 Conditions, if an gove rise to in couse (a), statunderlying cour	JAMEDIA  3  iy, which inmediate thing the see last.  GNIFICANT (	DUE TO O  DUE TO O  DUE TO O  DUE TO O  CONDITIONS CO	Latroble	ENCE OF FRUS INCE OF DEATH BUT	est (4, Ed 11)  WE WEAR  USEUM  NOT RELATED TO THE TER.  WAS PERFORMED	m	autopsy? 206.	N GIVEN IN SECRET IFY INC	REFINE		TH?
7 991	MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE AT WORK 22a.1 certify that ( sow the decec abave, (1) (we) 22b. SIGNATU	CAUSE OF DEADICAL EXAMINER RRED WHILE I) (thus heap used alive an (did) (did no	P. 21e PLACE (AT HOME STE	M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION 211 LOCATION 211 LOCATION SIREET  19 5 2 d that in (my) (our-papinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	RRED (EN	CITY OR TOWN  CUTY OR TOWN	M 18 PART I C	ounty from the	that (I) (v	lost pred
4	(	BURIAL, CREMATION SPECIFY) URIAL		23b. DATE 12/24	23c. N		6702 PARK EMETERY OR CREMATORY MEM. PARK	23 d.	CATION CITY OF TOWN	دەر	YTM		(215)
		JNERAL DIRECTOR	SOL LE STERST	VINSON	& BROS			ATE REC'D.	NDALLSTOWI BY REGISTRAR 25b. RI 1986	EGISTRAR'S			4

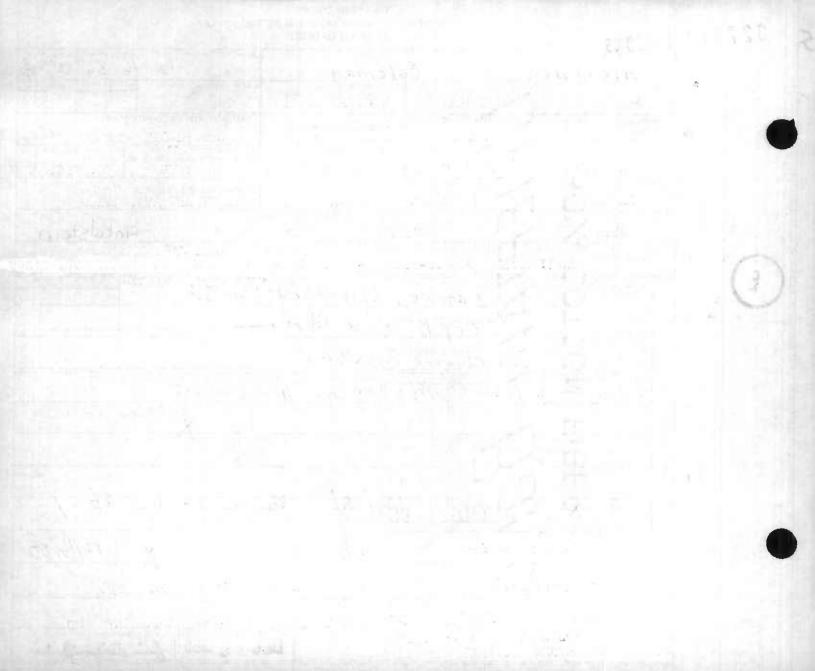


## STATE OF MARYLAND

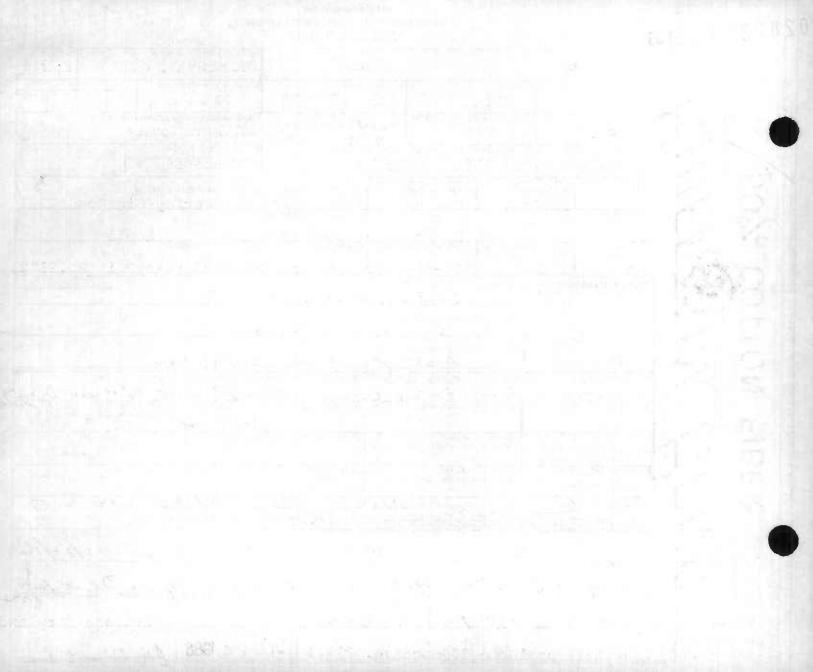
	DEC	STATE REGISTRAR	DEI ANIH	CERTIF	ICATE OF DEATH	REG. NO	).			
1		EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		26 HOUR	
	THE	Alexander	e C	oler	nan		12 16	, 86	205	Am
1	3 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24	A HRS
10		MALE	CAUCASIAN	FEB	RUARÝ 27,1907	79	YRS	DATS	HOURS	MIN.
7	C	THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	DXX NEVER MARRIED	9. BALTIMORE CITY OF	COUNTYO	FDEATH		
		NEW YORK	U.S.A.	WIDOWE	DIVORCED	BALTIM-		COUNTY		MD.
	10 CIT	Y OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATION		126 KIND O INDUSTRY	F BUSINES	SOR
2	1	RANDALLSTOWN			ERAL HOSPITAL	EXECUTIV	/E .	SOC. S	SEC. A	ADMI:
	13a S1		TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13E. CITY OR TOWN BALTO		13d INSIDE CITY LIMITS? YES (X) NO [	13e STREET ADDRESS / 6011 STUART		21209		
)	IA FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LIAS	Ta.	
	1	JÜLIUS	COLE	EMAN	KATE			nkels	tein	
)	16a W	'AS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		17 INFORMANESTATE	OF ALEXAND	ÉR COL	EMAN		
		YES WWII:	-ARMY 060-25-81	166	c/c ALEXANDER	R. MARTICK	10 N.			
		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a) Cardio	ves	PIYOUTOYY	BLE BLDG.	21202	BETWEEN	MATE INTERVA	EATH
		WWWEDIA	DUE TO, OR AS A CONSEQUE	NCE OF	O CALP				- 1	
	0	Conditions, if ony, which	( (b) COP D	de	a virri					
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		PITO					
			1 (c) Chrome	16	an Vinley					
	NOI	ASCVA (V	D, M, (3 AL	2H1	MERS TYPE	INAL DISEASE OR CONE	1			
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	WERE FINDING CAUSES	OF DEATH	1?
	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR			T 1 OR PART 2)		-
		OR CONTRIBUTING CAUSE OF DEA		YEAR						
	MEDICAL	214 INJURY OCCURRED	218. PLACE OF INJURY		211 LOCATION	CITY OR TOV	WN	COUNTY	STA	ATE
	2	WHILE NOT WHILE AT WORK	TAT HOME, SIKEET, PACTORY, OFFICE, F.	ARM, ETC.)	1 -1		141	sel.		
			ital) attended the deceased from	12-1	19 86		16/ 19		that (II (we	e) lost
			at) view the body after death		nd that in (my) (our) opinion	death occurred on the fo	te and hour a			ed
	97	22b. SIGNATURE	my		MA ATTENDING	MEDICAL STAF	F. W	22c. DATE	SIGNED	7
-		22d. PHYSICIAN'S NAME LIVE O	OR PRINT)		PHYSICIAN [	DIRECTOR PHYSIC	IANIA	1 /	.0,0	_
		m'an	MR		BALTIMO	RE COUNTY G	EN. HO	SP.		
	23a B	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	J	BURIAL	12/17/86 H	IAR SI	NAI CEMETERY	OWINGS M	ILL BA	LTO M	ID STA	VIE.
	24 FU	NERAL DIRECTOR SOL LE	VINSON & BROS T	NC	250. DAT	E REC'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNAT	URE	
	601	O REISTERSTOWN	RD. BALTO, MD 21	215	William	1 9 1300	Julia &	Audion	The state of	fiche

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



		1					STATE	OF MARYLAND		may =13		13
028	233 DEC	291	FOR STATE PREGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH		5 5	0	7 3
					MIDDLE			ASY	REG. NO		YEAR	
	oy be oge 3 deoth		CEASED NAME E OR PRINT)	va.	MIODE		CON		December 20		TEAR	2:27 p <sub>M</sub>
	od od	3. SE	X	5-11	4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UND	ER 1 YEAR	IF UNDER 24 HRS
	rector,	4	Female	449	White		Jan	8° 1914	72	YRS.	DAYS	HOURS MIN.
	# 52 -52	7a B	IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF WHAT C	OUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DE	HTA	
		5	Pa.		USA	A A A LUB CIA	WIDOWE	D * DIVORCED	Baltimore (		******	MD.
= 1	* 55T	/	ITY OR TOWN OF DEAT	Н	Franklin	Squa Squa	ADDRESS) ATE H	ospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW1:		DUSTRY	BUSINESS OR
200	The state of the s		AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION GIVE RESI		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
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5	\$ 35 \$	3 14 F	ATHER'S NAME	Da	LLO. L Pas	SSEX		15. MOTHER'S MAIDEN NA	ME AUA THIN	-ALOTTI	NUA	
ox ×	1 多江		FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAST	
×	I ENCY	4	Morgan			omas		Margaret		Lewis	3	
SE	p de de		WAS DECEASED EVER IN		MED FORCES? 166. SO	CIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S		
W			_no	(11 /20, 0		3-46-	6776	Mary Jacks	on 2027Tu	rkeyPoi	ntR	d. 21221
ALT	2	1		/Enter on				THAT Y DUCK	ANT BULLIA			NATE INTERVAL NSET AND DEATH
œ.	S SECTION	3			lly one couse per line for D BY:	100000	2 2. /	-na. 14m. A	1100		BETWEEN OF	NOET AIND DEATH
ST	E 9	/	l.	MMEDIAT	E CAUSE (o)	andi	pull	monany A	10/083			
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	A TEN				12/20 80 view the body ofter de		-	d that in (my) (our) opinion	deoth occurred on the dat			
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	OR Dep Per F he		226. SIGNATURE	1	/			DEGREE ATTENDING	MEDICAL STAFF		2c. DATE S	IGNED /
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	TO HOSPITAL TO FUNERAL should be de with the Stort	/-	Dougk	73 /	sw/Bn	m	0	9000 FN	mikly So	7	2	in KNISO
	Short Short	23a.	BURIAL, CREMATION, R	,	236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	7(70	21234
	BP		(SPECIFY)						CITY OR TOWN	D - 1 + -	ATY	STATE
	01	24 F	Burial UNERAL DIRECTOR		12/23/8		orrai	ne Park	E REC'D. BY REGISTRAR 2	Sh REGISTRAP'S	SIGNATI	Maryland
	DHMH - 16 60M 7/84		NAME			ADDRESS		l DE				
	(VRA 15, 4)	(	ConnellyFu	iner	alHome 30	0Mac	eAve.	21221 00	C 24 1986	Adia De	rid.	Post



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 33697

0	er a	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.	n. m		
		CEASED NAME FIRS	ı	MIDDLE		AST .	20. DATE OF DEATH		AY YEAR	26 HOUR &	_
1	The state of the s	OR PRINT)	AURA	. E.	C	OOK	12/	1 /	86	24	2 M
ij	1. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST E		NINS DAYS	IF UNDER 24 H	HRS
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1	70 BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	_			
)		ennsylvania	US	SA .	WIDOWE		BALTIN	MORE COU	JNTY		MD.
4	10 C	ITY OR TOWN OF DEATH	11./ NAME OF I	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND O	F BUSINESS	OR
1	I	OWSON	Valley 7			noclesent for	Housewill	.e	Homer	naking	
	USU. 130. S	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	112 STREET ANDRESS	/ 7IP CODE			
V	M	aryland	Baltimore	isc ciri ok io	7414	YES NO NO	13e.SIREEL ADDRESS	loppa Ro	l. To	wson 2	1204
ā	14 FA	ATHER'S NAME	WIDDLE	TAST	1777	15 MOTHER'S MAIDEN NA	WE				
U		Augustus Jo		tanley		Laura	WIDDLE		Kraude	er	
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		No	ES. GIVE WAR OR DATES)	212-74-	5946	Jean Benedi	ct 815 W. J	oppa Ro	1. 21:	204	
		18 CAUSE OF DEATH (Ent		line pr (0), (b), a	nd (c)	. 0		_	BETWEEN	MATE INTERVAL	TH.
П		PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	Parteri	scler	viter (evens	er acters	Ducas	ec		
Н		97071			ISNICE OF		1				
ı		Canditions, if any, which		r as a consequ	JENCE OF		1		2.7/3/		
		gave rise to immediat	le								
		cause (0), stating the	DOL IO, O	r as a conseou	JENCE OF				100		
		DART 2 OTHER CICALIFIC	(c)	N. ITDIOLITE IC TO	DE ATH BUT	NOT DELIVED TO THE YEAR					
H	Z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CC	DNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	ADITION GIVE	VIN PART TO	a	
П	CERTIFICATION	196 DATE OF OPERATION	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20c AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED	
	IFIC						YES TO NOT	IN CERTIFYI	ING CAUSES	OF DEATH?	
H	CERT	210 ACCIDENT WAS UNDERLYIN				21c HOW INJURY OCCUR				140	
١		OR CONTRIBUTING CAUSE	OF OCKITE	M. MONTH D							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	21e, PLACE		19	211 LOCATION					_
	ME	WHILE NOT WHILE C	AT HOME STR	EET, FACTORY, OFFICE,	FARM ETC }	STREET	CITY OR 1	OWN	COUNTY	STATE	•
i		220.   certify that (1) (this	hospital) attended th	e deceased fram		, 19	to	. 19	0	that (It (we)	loct
		w the deceased aliv	ve an	19		nd that in (my) (aur) apinion			-	, , ,	
		tave, (l) (we) (did) (d	id nat) view the bady	atter death.		DEGREE			22¢ DATE	SIGNED	
t		Menn	C. A.	elen	11.	ATTENDING	DIRECTOR PHYS	AFF	12-1	-81	
1	100	224 PHYSICIAN'S NAME (	TYPE OR PRINT!	,0000	UCC D	22e ADDRESS	A DIRECTOR LI PHIS	CIAN	1	09	_
		M-C	·KOWA	1=1.11/1		86044	ARFURA	d.	127.1		
3	23a P	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2	1234		
	1	Burial	12-4-8				CITY OR TOWN		COUNTY	STATE	
	24 FI	JNERAL DIRECTOR	12-4-0			Valley	TE REC'D. BY REGISTRA	altimore			
	10	NAME SILVER	1 Ha .	740 ADDRESS	Delak		- ^	Autio. A.			

DHMH - 16 60M 7/84 (VRA 15, 4) or in mostly P.M. a Hall .

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		- 500	STATE OF MARYLAND	7 7 4 3 3
578 JAN 1	B.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	5 5 5 5 7 7
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF	DEATH MONTH DAY YEAR 26 HOUR
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2 2 d		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMO	RECITY OR COUNTY OF DEATH
2 2 0		Maryland	WIDOWEDE DIVORCED	Baltimore MD
1 1 1 m	10. C	ITY OR TOWN OF DEATH		OCCUPATION 126 KIND OF BUSINESS OR
# p > # X	-1	lowson	St. Joseph Hospital	rse Nursing
0 = 0			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	rse Nursing
	13a :	STATE 136 COL	JNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET A	ADDRESS / ZIP CODE
動し	Ma	aryland Bal	timore Phoenix YES NOT 1431	O Cooper Road 21131
可知語意以う	JA E	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME	
单脚原息)	Oh		ill Gilpin Grace	Hatcherson
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puc ap		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	
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sici pper vol.		18 CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physi npop movo vent,		PART I. DEATH WAS CAUS	ATE CAUSE (a) acute rhabdonigales as	18 hours
or resident		IMMEDI	ATE CAOSE (O)	
and and	181		DUE TO, OR AS A CONSEQUENCE OF	And the second second second second
atio ptio trou		Canditians, if any, which	(b)	
the rem		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
d by eose ol, cr r ath		underlying couse last.	(5)	
gned in ple burio ry, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 110
The to b	CERTIFICATION			
11111	AT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO	PSY? 20b. IF YES, WERE FINDINGS USED
542 2	문			IN CERTIFYING CAUSES OF DEATH?
8 416 8	ERT.	210. ACCIDENT WAS UNDERLYING	7ES	NO YES NO
21 E		OR CONTRIBUTING CAUSE OF D	- Committee (Emplished	URE OF INJURY IN ITEM 1B PART T OR PART 2)
1 1 1 1 1	₹	(IF EITHER, NOTIFY MEDICAL EXAMIN		
TAW 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME STREET SACTORY OFFICE SARM STC.)  STREET	CITY OR TOWN COUNTY STATE
4 do 0 do 0	Σ	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
本の作品			pital) attended the deceased from 12-12-8 19-86 to	12/29 1086 11 10
8 2 5 E	113	sow the deceased alive of	priory directed to the deceased from	Tyana, that (II) we) last
2000		abave, (1) (we) (did) (did r	not) yiew the back after death.	d an the dote and haur and from the couses stated
Mary of Mary		22b. SIGNATURE	DEGREE /	22c. DATE SIGNED
2 4 4 7		Dhues	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN   12/29/86
# 2 ft 3 7		224. PHYSICIAN'S NAME (TYPE	CR PRINT) 22e ADDRESS	- FITTSICIAN - FIT
ould be det		BRUCE RO	5-18-26 / 1131 Yaz. D.	LUTHERVILLE MD 21093
5 5 4 4 4 A	-		SENBERG / 1134 YORK 12D.	
	23a. E	SURIAL, CREMATION, REMOVA	CITY	OR TOWN COUNTY STATE
3P		Burial	12/31/86 St. James Cem. Monl	cton, Baltimore. Md.
HMH - 16 60M 7/84	24. FI	INERAL DIRECTOR	250. DATE REC'D. BY RE	GISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	M.	Gladden Ku	rtz Jarrettsville, Md. JANO5 1987	Auto Tindom Por Sage
	- 4	2-0000011 1100	OUTTOODVITTO	Married Britan house has Variations

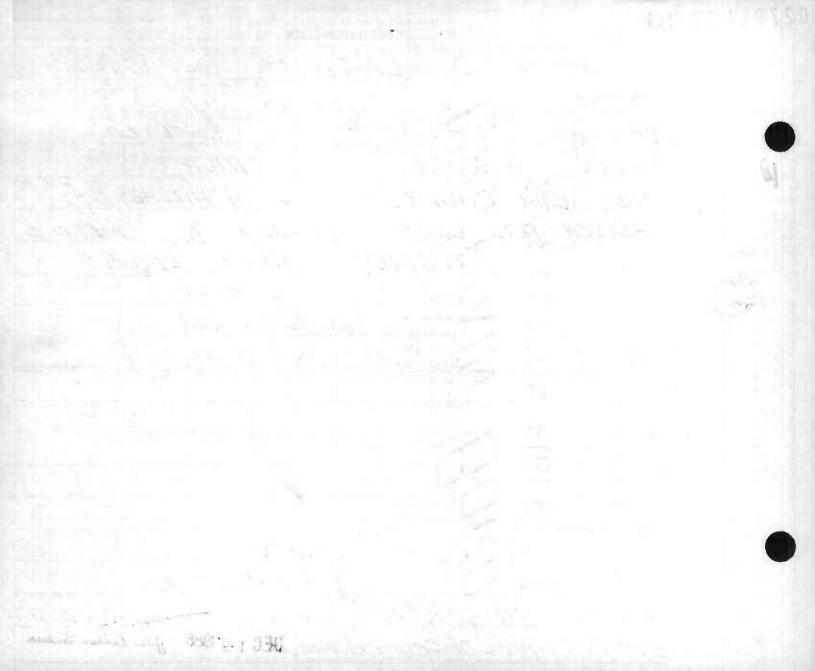
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Ter d	3. SEX		4. RACE	NAME OF	5. DATE OF		with	6. AGE (IN YEARS LAST I	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ge 4 rrs of	1	Female	White		May	5,	1912	74	YRS.	DATS	MIN.
Po di Po		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	□ NEVER /	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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the the the	ID CIT	Y OR TOWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI			OTHER INS	TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
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within 24 hourself filled in 12 should be	13a S1		OUNTY 13c	Loch Ra	aven	YES 🗌	NO X S MAIDEN NAM	13e.STREET ADDRESS 1718 G1		th Blv	d. 21234
b omp	1	Robert Jose						Elizabeth			
o e execu	16a W	AS DECEASED EVER IN U.S.	S GIVE WAR OR DATEST	219-28-		Mrs.				136 Billy E	Barton Cir
requires that the death certing is signed by the atmosting. Then please femalic art oburial, crematic injury, or other traumatics.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS  (c)  NT CONDITIONS CONT	S A CONSEOU	ENCE OF			NAL DISEASE OR CO	NDITION GIVE	EN IN PART 1	0
he low roon. hos bee t permit. ene prio	TIFICATION	98 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFC	DRMED	YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED S OF DEATH?
SKIAN: T ng physici certificate urial-transi tental Hygi	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA-	F DEATH HOUR A.M.	NONTH D	AY YEAR	N HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
VG PHYS ottendin ter this can the bund Me rked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE F		If LOCATION STREET		CITY OR	OWN	COUNTY	STATE
NR ATTENDIN hospitol or inRECTOR: Al thed for use sept. of Healt flem 21 is mo		22a I certify that (I) (this because of the deceased always obove, (I) (wee) (did) (else) 22b. SIGNATURE		- 6 19	,		2, 19 26 (cor) opinion d	, to 20 selecth occurred on the	dote and hour	ond from the	
by the by the EERAL D Stote D Stote D ANT: If		220 PHYSICIAN'S NAME (	of honely YPE OR PRINT)		MR	22e ADDRES	PHYSICIAN X	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	VD.	e 23/916
O HOS etoined TO FUN with the		Samuel	I. O'Mansk	у	530 6	8405	A Loc	h Raven E	lvd.		
₽₩ ₽₩ <b>¾</b>	23a. B	Barial	24DEC 8		NAME OF CEA		CREMATORY al Ceme	Baltin	ore,	COUNTY	aryländ
DHMH - 16 60M 7/84 (VRA 15, 4)	J/	E. Lowell I	emmon Pa	donia 8	y York	Rds.	DEC	2 3 1986		Taridan	

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11 /	7001 000	2 0	STATE OF MARYLAND
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			REGISTRAR CERTIFICATE OF DEATH REG. NO.
			CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR, 26 HOUR
	nay be page 3	(TYPE	MAUDE D. CRAMBLITT DEC. 13 1986
	pog pog	3. SE	X 1 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS.
	ge 4 r ector. ors afte		FEMALE WHITE SULY25, 1919 67 YRS. MONTHS DATS HOURS MIN.
	Po light	70 B	IRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	eoth 722	1	BAND. MP. U.S'A. WIDOWED DIVORCED BALTO. CO. MD.
	ie for	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  1170 USUAL O
-	17 106		TOWSON G. B. M. REET ADDRESS) (TYPE OTWO KEOR AND GLIFE) INDUSTRY
212	be how	₩5U.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  130 JOUNTY  130 JULY OR TOWN  131 JULY OR TOWN  131 JULY OR TOWN  131 JULY OR TOWN  132 JULY OR TOWN  134 JULY OR TOWN  135 JULY OR TOWN  136 JULY OR TOWN  137 JULY OR TOWN  137 JULY OR TOWN  137 JULY OR TOWN  138 JULY OR TOWN
2	filled süld in State of the sta	154.	STATE OF THE STATE OF TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS; ZIP CODE Y WAY
YLA	the shall	14. FA	ATHER'S NAME IS. MOTHER'S MAIDEN NAME
MARYLAND 2120	de de de	1	ALIONZA FORD LEWIS CLAUDIA B MEEKINS
RE,	ond co		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES)
W	e 000	1	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-07-6159 FAMILY RECORDS
BALTIMORE			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	A ROPE		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chile Cusp natory for Coll
PRESTON ST.			DUE TO, OR AS A CONSEQUENCE OF A A
STC	ne deat me atten mation, r traumi		Conditions, if ony, which ( ) Corplino Variables accident.
P.	+ + 0 0		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
×.	by too		underlying couse lost. Dee 10, OR AS A CONSEQUENCE of Mulliple New York Washington
201	ined ined ouriging, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	equire n sign Then r ta bu injury,	NO NO	
0	bee bee	CERTIFICATION	198. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206. IF YES, WERE FINDINGS USED
1 R	he lo on. hos t per ene	Ē	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
1	SICIAN: The physicion certificate I certificate I certificate I certal-transit ental Hygie ental Hygie	CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  OR CONTRIBUTION 216. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
9	SICIA ng ph certifi orial-tr	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19
o o	PHYS ending this co the bur od Me	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION
VISI	DING PH or attent After th e as the i alth and marked a	×	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
ō	3 ole A	5,1	27a.1 certify that (1) (this haspital) attended the deceased from
	TTEN Pital TOR of He		sow the deceased alive on 19 , and that in (my) (our) opinion death, occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
	7 5 1		obove, (i) (we) (did not) view the gody offer death,
_	R he ept		276. SIGNATURE 220. DATE SIGNED
	OR DIRE	n,	ATTENDING MEDICAL STAFF
(	ital OR by the horse e detache State Dep		
(	ital OR by the horse e detache State Dep		ATTENDING MEDICAL STAFF PRINCIPLE DIRECTOR PHYSICIAN
•	OSPITAL OR UNERAL DIRE UNERAL DIRE the State Dep	23a. F	THE PHYSICIAN STAFF DIRECTOR PHYSICIAN DIRECTOR
(	TO HOSPITAL OR cetained by the his TO FUNERAL DIRE should be detached with the State Dep IMPORTANT: If her	23a. E	ATTENDING MEDICAL STAFF PRINCIPAL DIRECTOR PHYSICIAN
•	ital OR by the horse e detache State Dep	1	BURIAL, CREMATION, REMOVAL 1736, DATE 1231, NAME OF CEMETERY OR CREMATORY, 1236 LOCATION



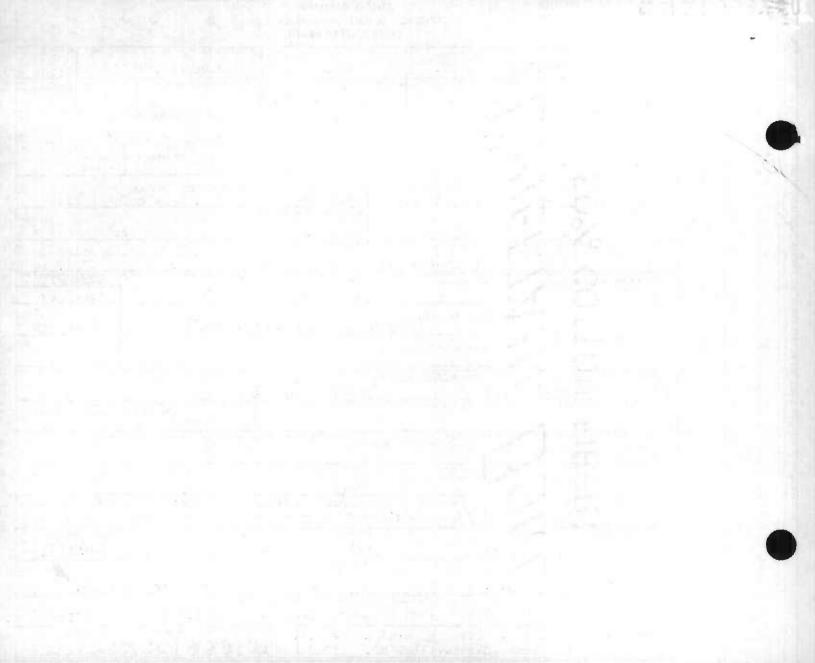
	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE 8 6	3 3	102
4 2 JAN 1		CEASED NAME FIRST	MIDDLE	t.	ASI	20	DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
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offer of	3. SE.	× Female	4. RACE White	S. DATE C		19	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.
900	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? &		9	BALTIMORE CITY OF	YRS. COUNTY OF DE	ATH
135		Maryland	USA	WIDOWE		CED []	Baltin	ore Co.	MC
120		vings Mills	11. NAME OF HOSPITAL, P 314 GOTT COU	rse Rd. (	Owings Mi	10	RO. USUAL OCCUPATK TYPE OF WORK FOR MOST OF 10S tatisti	WORKING HEEL IND	KIND OF BUSINESS OR USTRY
1135	13o. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		CE BEFORE ADMISSION) OR TOWN S MITTS	13d. INSIDE CITY LI YES NO	IMITS? 13	STREET ADDRESS /	zip code Rd.	21117
12/18/2	14. FA	Charles	O. Cle	mson	15. MOTHER'S MAI		WIDDLE		Gray
Poges 1	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	THE WAR OR DATE:	8-1741	John E.	Cross	Jr. ( Sam	ss ne as abo	ve )
igns in the sen here also in cremation. D. in cremation. I vey, or other froums	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTIN	nsequence of	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONE	DITION GIVEN IN F	PART TIO
Part of the second	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
ortificate of transfer of tran	AL CERT	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN HEM 18 PART I OR	PART 2)
or this or the burn ond Me had or it	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY.		211. LOCATION STREET		CITY OF TO	wn co	UNIY STATE
ECTOR At ed for use o pt. of Health		22a.l certify that (1) this hasp sow the deceased oliver above (1) we) (did) (did n 22b. SIGNATURE	oitol) oftended the deceosed December 20 on view the body ofter death	_19 <u>86,</u> or		75 opinion dec	to December the do	te and hour and fr	,
EFAL DS EFAL DS Store De INT. IF IN		Thu- U	villo-		ATTEN PHYS	IDING ICIAN X	MEDICAL STAF DIRECTOR PHYSIC	F /	2/29/86
PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRE	re 21218								
		(SPECIFY)					CITY OR TOWN	d Carrol	1 Maryland
-	24. FI	Cremation UNERAL DIRECTOR	12-24-86	Icarroll	Crematio		Hampstead REC'D. BY REGISTRAR		
- 16 50M 4/83 /RA 15, 4)		Eline Funeral	Home Reiste	erstown,	Md.		N 8 1097	Ai r	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTS JOSEPHINE E. CURRAN December 13, 1986 9:20P M 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER LYFAR 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DAY Female White September 8,1892 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky U.S.A. Baltimore County WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Summit Nursing Home Catonsville Housewife Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / 7IP CODE Maryland Baltimore 618 N. Bend Road 21229 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Joseph Hetherington Byrne Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 122 Panorama Drive TYES, NO OR UNKNOWN 220-44-4965 Hastie State College, PA. 16801 Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PARTI, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on ... and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did nat) view the body after death DEGREE 22b. SIGNATHRE 22c. DATE, SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS James Nolan M.D. 1 Mallow Hill Road, Baltimore, MD. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Burial 12/17/86 Baltimore New Cathedral Cemetery Maryland 24 THE FOLIANT OF RUSSELL C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1630 Edmondson Avenue, Catonsville, MD. 21228 (VRA 15, 4)



injury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

88	FOR STATE REGISTRAR	DEF		IEALTH AND MENTAL HYG	IENE O REG. N	0.	
	ECEASED NAME FIRST PE OR PRINT) Flor	ence K. Daniel		AST	De cember	MONTH DAY YEAR 29, 1986	2b HOUR
3. SE	Female	4. RACE White	S. DATE C	DE BIRTH 1908	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEA MONTHS DATE	
	altimore, Md.	76 CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		more County	MD.
-	SSEX 21221	2130 Bauerni			12a. USUAL OCCUPATION OF THOUSEWI	ON 126 KIND IND HAD IN	OF BUSINESS OR
130	5	OR OTHER INSTITUTION GIVE RESIDENCE UNITY L'ELEMOTE 130 ESSE				ZIP CODE	. 21221
14. F.	ATHER'S NAME FIRST	MIDDLE Bach	ST	15 MOTHER'S MAIDEN NA/ FIRST	MID Bal	ker	AST
16a	WAS DECEASED EVER IN U.S. A		32 4098	17 INFORMANT  Edward Danie		132 Bauernso alto., Md. 2	
NOIT	CF	DUE TO, OR AS A CON	IG TO DEATH BUT	nely	to pro		
CERTIFICATION	190 DATE OF OPERATION	196 CONDÍTION FOR V	WHICH OPERATIO		YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF ETHER NOTIFY MEDICALEXAMIT 21d. INJURY OCCURRED  WHILE NOTIWHILE AT WORK AT WORK		19	216 LOCATION STREET	RED (ENTER NATURE OF INJU	144	STATE
		pital) attended the deceased	1986.0	nd that in (my) (our) opinion		22c. DAT	
	228 PHYSICIAN'S NAME HYP	ombio Mid	19	805 FUSE AU	MEDICAL STA	alto mo	01350
	BURIAL, CREMATION, REMOVA	1/2/87		awn Cemetery	Baltimore		STATE
Bry	uzdzinski Funer	ral Home PA 14	07° 01d E		DEC'30 1986	256 REGISTRAR'S SIGN	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After

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STATE OF MARYLAND

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MIDDLE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

YEAR

2b. HOUR

REG. NO.

MONTH

DAY

20. DATE OF DEATH

	_	DIVIDUOS OF VII AL ASCONDE, AND WE PRESENT ST., DALL INTORES, MARKET LAND ALLEN		2		t	2	-	6			2	5	0	t		1	-	5	1			
L OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death the housing or otherwise objections.	DAGHT O	S to	200	SEC	SHO	The	2	1	1	9	-	des	4	100	9	5	ecute	9	4	2/	- 5	4	9
t DIRECTOR After this certificate box been signed by the attending physicion and completely filed by the tuness applied for also as the burnel training permit Their pisose remove, carbon popers. Page-Land 2 4008 by filed within 7	TOR.	Ather cos 1	6.0	183	100	43	5.5	15	9.0	the last	21	atte of	of the state of	PAR B	0000	0.00	117	100	1.38	3 19	1	# 3	34

DHMH - 16 60M 7/84 (VRA 15, 4)

1			George		Louis		DeGrafi		1	12	16	86		M	
4	1 SEX			4 RACE		S. DATE OF BIRTH		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS		IF UNDER	24 HRS		
	Male		White		5 8 1911			75	YR		DAIS	HOURS	MIN.		
9	70. BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?		8	8 MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH					
	New York			USA			WIDOWED DIVORCED			BALTIMORE COUNTY MD.					
-	O CITY OR TOWN OF DEATH			(IF NOT IN SUC	ADDRESS)				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
4	-		NURSING HOME OR	4239 Darleigh Rd.			21236		Dredge Captain   Great L						
5	13a. S	ryland	136 COUN					13e.STREET ADDRESS / Predge & Park Co. 4239 Darleigh Rd. 21236					0.		
2	FATHER'S NAME FIRST			MIDDLE LAST		15 MOTHER'S MAIDEN NA			ME	WIDDLE		LAST			
20	George			DeGrai		f Unknown						(73)			
		AS DECEASED EN			166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRESS	1-17				
	- 11	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-14-0004 Louise E. DeGraff 4239 Darle										gh Rd	1. 2	1236	
		PART I. DEATH	H WAS CAUSE	ly one couse per D BY: E C AUSE (0)	line for 101, (b), and		ucmo	MAM	ARNE	ST		APPROXIA BETWEEN O	MATE INTER	DEATH	
		Conditions, if a		DUE 10, 04	Cong a	NCE OF	e CA	polar	WOPA	nty		VEA.	Ls'		
		gave rise to cause (a), st underlying ca	ating the	DUE TO, OF	AS A CONSTITUE	NCE OF	IN	SUFF	CEU	y		Ma	torn	) .	
7	CERTIFICATION	PART 2 OTHER S			TION FOR WHICH				200 AUTO	PSY? 20b. IF	YES, WER	RE FINDIN	IGS USE		
7	BT.	A CONTRACTOR	III IN THE STATE OF THE STATE O	AND THAT O	C IN LILLIDY	_	11. 404/	LILIDY OCCUP	YES	NG	YES [		NO [		
		210 ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER NOTIFY A	CAUSE OF DEA	IH	M. MONTH DA	YEAR	ZIE. HOW IF	JURY OCCUR	RED (ENTER NAT	URE OF INJUNION ITEM	18 PART LOF	PART 2)			
	MEDICAL	21d INJURY OCC	T WHILE WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC.)	21f LOCATION STREE	NC		CITY OR TOWN	cc	YIAUC	S	STATE	
		220   certify that (1) (this hospital) attended the deceased from 6 19 Et to 12/16 19 E6, that (1) (we) lost sow the deceased alive an 12/16 19 E6, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.													
		221. DATE SIGNED  O . WHULL DEGREE  ATTENDING MEDICAL STAFF  DIRECTOR PHYSICIAN   1216   86													
1		Barry A. Wohl, M.D. (893-0477) 2003 Rock Spring Rd. Balti									more, Maryland				
		URIAL, CREMATIC	N, REMOVAL	23b. DATE		AME OF C	EMETERY OR	CREMATORY	23d LOCA	TION	con	NIY .	3 5	STATE	
	Burial 12-18-86 Moreland Mem. Pk CITY OR JOHN TO BALL TIMOTE, MARY  14 FUNERAL DIRECTOR  15 DATE RECID. BY REGISTRAR 25b. REGISTRARS SIGNAL  16 DATE RECID. BY REGISTRAR 25b. REGISTRARS SIGNAL  17 DATE RECID. BY REGISTRAR 25b. REGISTRARS SIGNAL  18 DATE RECID. BY REGISTRAR 25b. REGISTRA														
Lassahn Funeral Home BALTO, MD 21236 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE BALTO, MD 21236															

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With the grant of the control of the

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		Cantillity of Olympia	G. No.	70 mm
4	I PESEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	Rose	М.	DeSantis	December 19, 1986	2:10 M
J	1 5EX	4 RACE	5 DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS
	Female	White	0ctober 14, 1894	92 YRS MONTHS	DAYS HOURS MIN.
d	THE MITTHELACE LITTE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF D	EATH
3	Virginia	USA	MARRIED   NEVER MARRIED	Baltimore County	MD.
	Perry Hall	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR DUSTRY
1	STATE 136 COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	
4		Baltimore Perry		8641 Saxon Circl	e 21236
-	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	Edited and
]	7	Popol i	Amelia	MIDDLE	LAST
3	Lawrence 160 WAS DECEASED EVER IN U.S. AR			ADDRESS	er
	(YES NO OR UNKNOWN) (IF YES, GIV	212-24-8	3946 Mrs. Anna M.	Weiland Same	
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2014 FOR ICANT 1	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO DE  196 CONDITION FOR WHICH  216. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	Mulmer Siven in Autor Siven in Autor Siven in Autor Siven in Autor Siven in Yes, wer	E FINDINGS USED CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	AIR	211 LOCATION	CITY OR TOWN CO	DUNTY STATE
	saw the decepsed alive on abave, (1) (w) (did) (did no	atol) attended the delegaed from_ 19		to 19 death accurred on the date and hour and f	that (1) (we) last tram the causes stated
	22b. SIGNATURE	ger Montz	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	12/20/16
	Donald V	W. Mintzer MD	3009 Evergr	een Ave. Baltimore,	Maryland
	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUN	
1	Burial	Dec. 22, 1986 Mo	st Holy Redeemer	Raltimore	Mo man I am I

Leonard J. Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

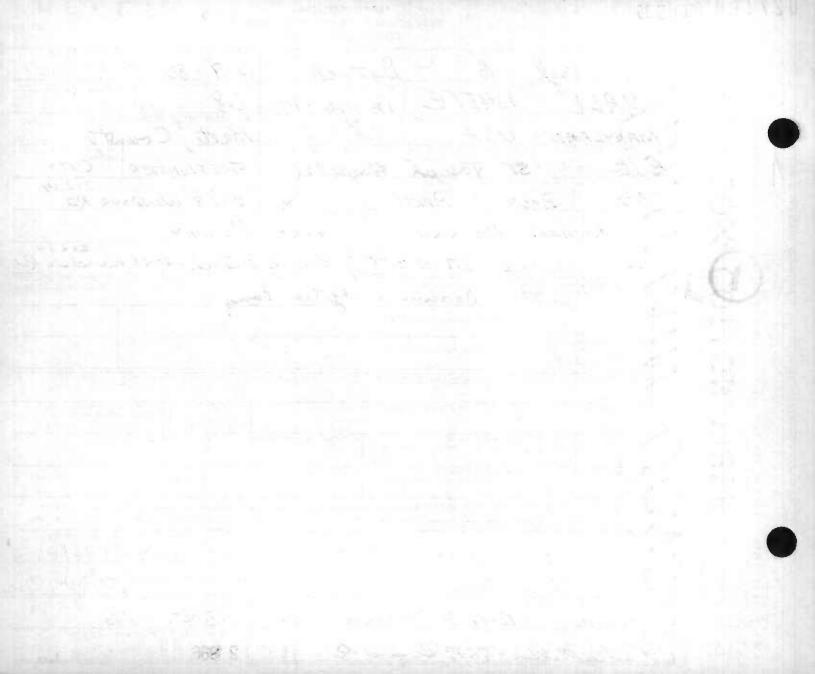
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ector.	1	Male		WI	nite .	MO	TH DAY	890	96	_	ONTHS DAYS	HOURS MIN.
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50 50	PIST	OWSON	INC HOME OR O	St, c	loseph	's Hos	pital		Farmer		Agric	ulture
D 21	13a. S	AL RESIDENCE (IF NURS	136 COUNT	Y	13c. CITY OR	TOWN	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS		4	4449
AN in 2		PA		ET-Yell	Bedf	ord		10 🗆	Rt. 4,	Bedfor	d, 1!	5522 /
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W pour pur pur pur pur pur pur pur pur pur p		Samuel	E		Dieh	l	Eli	izabetl	h	Sti	ffler	
ORE,		WAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMANT	T	ADDR	ESS		
IIMG		No	(# 765, 6116	THE OR DATES	174 1	8 3239	Geisel	Fune	ral Home	, P.	A	
W. PRESTON ST., BAL at the death certificate by the attending physici se remove corbon paper cremation, or removal.		Canditians, if any,	AS CAUSED IMMEDIATE which	BY: CAUSE (a)	HC	bi, and ici.i	respira	tong	falle	~	BETWEEN	MATE INTERVAL ONSET AND DEATH
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law r	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERFORM	AED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED
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ACCOGCI		SURIAL, CREMATION, I		23b DATE		23c. NAME OF	CEMETERY OR CRE	MATORY	23d LOCATION			
199 BP 79	Re	moval-Bu	rial	12/13	3/86		ord Cour		Bedford	,	COUNTY PA	A STATE
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR	Hen	ry W.	Jenk	ins & !	Sons Co.	25a. DATE	RECTOR BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	URE
(VRA 15, 4)	49	905 York	Road	Balto	o., M	D 2	1212		DEC 1 0 198	O Julia	Disider	n. Rondoca

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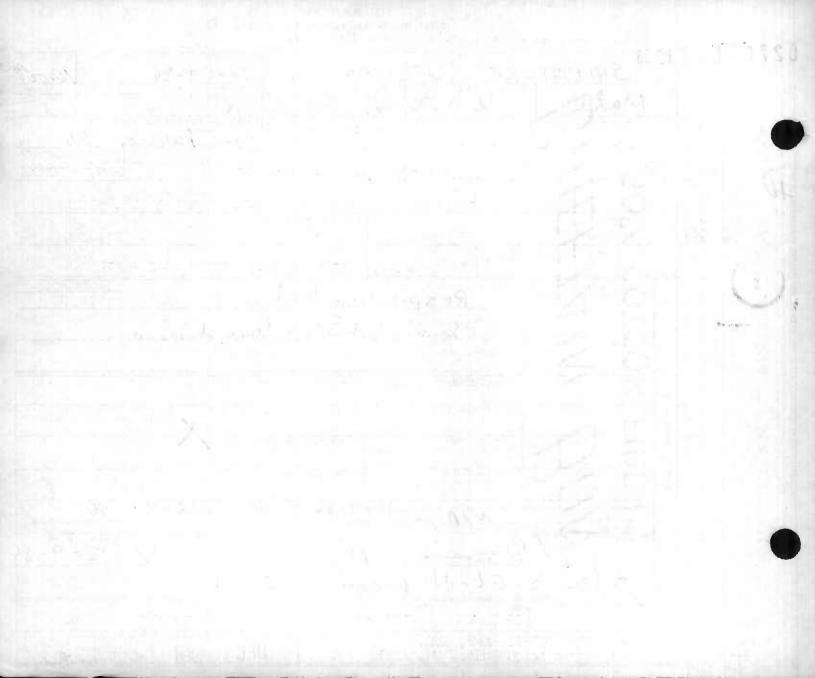
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moy be . poge 3 ter death		TEASED NAME FIRST SURPRINT) Surpling & FIRST SURPRINT SUR		LEST LEST LEST LEST LEST LEST LEST LEST	20. DATE OF DEATH  12 - 9 - 8  6 AGE (IN YEARS LAST BIR	MONTH OAY YEAR 75 HOUR  - Dec. 9, 86 10:05 Am  HOAY) IF UNDRIVEAR IF UNDER 23 HIS  MONTHS DAYS HOURS MIN.
h. Poge 4 ol director 2 hours of	7a B	(DUINTRY)	CITIZEN OF WHAT COUNTRY? 8.	2 - 26 - 17  RRIED NEVER MARRIED	9 BALTIMORE CITY O	YRS R COUNTY OF DEATH
ofter deat	10 C	MARYLAND IT ORTOWN OF DEATH  11.	NAME OF HOSPITAL, NURSING HOLD FENOT IN SUCH FACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
un 24 hours nn 24 hours should be fi	13a. S	TAME 136 COUNTY BAL	er institution give residince before admiss 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?  YES NO 13d NOTHER'S MATDEN NAMED IN NAMED	13. STREET ADDRESS	7/22/1
uted with	1	THER'S NAME FIRST RICHARD VAS DECEASED EVER IN U.S. ARMEI	DIETRICH	MARY	MURPHY	LAST 2 2 3 49
LTIMORE To and The Post		YES NOORUNKNOWN) (IF YES, GIVE W.	ar OR DATES) 219 - 01-425	( )   /		2528 Windon Rd.
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TAL RECC	CERTIFICATION	196 DATE OF OPERATION	195 CONDITION FOR WHICH OPER		YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
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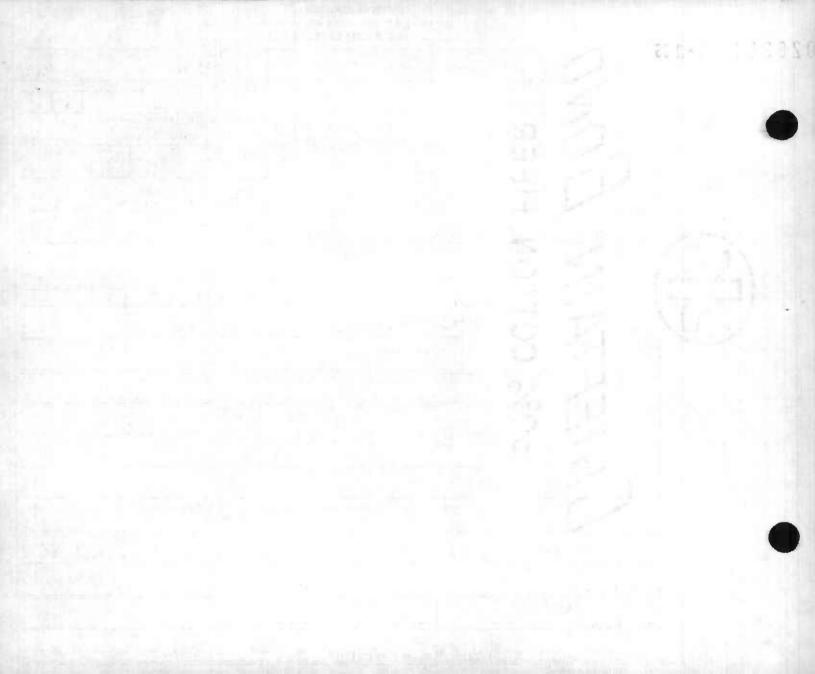
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E			d) (did not) vie	ey the body after death	/	DEGREE		1220	DATE SIGNED
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W 7/84	F	BURIAL, CREMATION, REINTOMBMENT UNESCHIEMONEK	MOVAL 2	36. DATE 12/12/86	PARKWO	XXD 25a. DA			MD.
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	If hern 21 is marked as hern. It shifting any injury, as other traumatic event, the medical administration institling affacts.	Them 21 is marked at New Lift billion of order transmission of the	To BIRTHPLACE (STATE OR FOR COUNTRY)  JO. CITY OR TOWN OF DEATH  USUAL RESIDENCE (# NURSING 130 STATE  MD.  16. EATHER'S NAME FIRST  ANTI-HONY  18. CAUSE OF DEATH PART I. DEATH WAS  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTING CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION CAUSE	TO CITY OR TOWN OF DEATH  10. CITY OR TOWN OF DEATH  11. COUNTRY)  MO.  14. FATHER'S NAME FIRST  ANTIHONY  16. WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only or PART 1. DEATH WAS CAUSED BY IMMEDIATE C.  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FEITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE WORR  220. I certify that (I) (this hospital) sow the deceased alive an obave, (I) (ive) (did) (did not) vice 220. I certify that (I) (this hospital) sow the deceased olive an obave, (I) (ive) (did) (did not) vice 220. I SIGNATURE	TATTE REGISTRAR SALVATORE DIGUARDO  INCLUDENT ASED NAME FIRST MIDDLE  INCLUDENT ASED NAME FIRST MIDDLE  INCLUDENT ASED NAME FIRST MIDDLE  INCLUDING ASEA AS A CONTRIBUTION OF THE PROPERTY OF CONTRIBUTION OF	FOR  1 - STATE REGISTRAR  SALVATORE DIGUARDO  THE PRINT STATE REGISTRAR  SALVATORE DIGUARDO  TO SEX  4 RACE  4 RACE  5 DATE (  MONTH  NOV  TO BIRTHPLACE (  STATE OF FOREON    10 CITY OR TOWN OF DEATH    11 NAME OF HOSPITAL, NURSING HOME COUNTY)  13 STATE  WIDOW  14 FATHER'S NAME  FIRST  MIDDLE  15 DATE (  MONTH  NOV  TO COUNTY)  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  215-12-8628  18 CAUSE OF DEATH (  IF YES, GIVE WAR OR DATES)  TO  18 CAUSE OF DEATH (  INAMEDIATE CAUSE (0)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  190 DATE OF OPERATION  190 CONTRIBUTING (  CAUSE OF DEATH BUT  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATIC  191 LETHER NOTEY MEDICAL EXAMINER)  192 LETHING NOT WHICH OPERATIC  ANITHOMY  194 CONDITION FOR WHICH OPERATIC  195 CONDITION FOR WHICH OPERATIC  196 CONTRIBUTING (  CAUSE OF DEATH BUT  197 CONDITION FOR WHICH OPERATIC  198 CONTRIBUTING (  CAUSE OF DEATH BUT  199 CONDITION FOR WHICH OPERATIC  199 CAUSE OF OPERATION  190 CONTRIBUTING (  CAUSE OF DEATH BUT  190 CONTRIBUTING (  CAUSE OF DEATH BUT  190 CONTRIBUTING (  CAUSE OF DEATH BUT  190 CONDITION FOR WHICH OPERATIC  191 CETHER NOTEY MEDICAL EXAMINER)  191 CETHER NOTEY MEDICAL EXAMINER)  192 CONTRIBUTING (  CAUSE OF DEATH BUT  190 CONDITION FOR WHICH OPERATIC  191 CETHER NOTEY MEDICAL EXAMINER)  192 CIT CETHING HOW OF THE CONDITION O	THE COUNTRY STATE OF DEATH    SEX	DEC THE REGISTAR SALVATORE DIGUARDO  REGISTAR	DEED TICKERS SALVATORE DIGUARDO  CERTIFICATE OF DEATH  REG. NO.  CERTIFICATE OF DEATH  REG. NO.  TABLE OF DEATH  REG. NO.  TO SEE THE NAME OF DEATH  REG. NO.  TO SEE THE NAME OF DEATH  REG. NO.  THAT NOV. 6 1908  THAT NOV. 6 190



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1	E HTA	30		URIAL, CREMATION, REMOVA			EMETERY OR CREMATO	RY 23d LOCATION	COUNTY	STATE
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	1.	FOR STATE	DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6 3	3 / 1 3			
26341 DEC-		REGISTRAR  EASED NAME FIRST ORPRINT)  BABY  BOY	POBRZYKOWSKI		ICATE OF DEATH	REG. NO.  20 DATE OF DEATH MONTH  12-02-86	DAY YEAR 26 HOUR 846A			
noy be	3 SE	7	4 RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ctor.		MALO	White	MONTH 12	-2-86	YRS	MONTHS DAYS HOURS MIN.			
Sold Sold		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	BALTIMORE CITY OR COUNTY				
op op	I	MD D	USA	MIDOM	D DIVORCED	Baltimore Cou				
201 rs ofter	Î	owson	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St Joseph Hosp	oital	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IF	126. KIND OF BUSINESS OR INDUSTRY			
AND 213	13a S	STATE 131 COUN	other institution give residence before TY 13a. CITY OR TOW Sparks	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6 Quaker CT spa	rksMD 21152			
社	14. F/		AIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDIE	LAST			
AM B COO			G Dobrzykowski		Deirdre		Baker			
ond coges		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RIIY NO.	17 INFORMANT	ADDRESS				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician.  Wher this certificate has been signed by the attending physician and completely filling in as the burial-transit permit. Then please remove corbanoparis. Pages 1 drad 2 ship in the 1th and Memol Hygiene prior to burial, cremation, or removal.  orked or there 8 show ony injury, or other traumatic event, the medical example.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	nd respirat					
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END pole pole Heol		220.) certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did (did nat	al) attended the deceased from	12-	nd that in (my) (aur) opinion o	death accurred an the date and hou	19 \$6 , that (It (we) last r and from the causes stated			
by the hospin by the hospin ERAL DIRECT e detoched to Stote Dept. of		226. SIGNATURE	1 al nated		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-2-86			
OSE db he RT	_				22e ADDRESS					
TO He should with With Po		lem Al Naber, M. BURIAL, CREMATION, REMOVAL		JAME OF C	7620 York	Road Towson MD 2	1204			
BP		(SPECIFY)  LOSD DISDO.	12-2-86		EMETERI OR CREMATORY	CITY OR TOWN	COUNTY STATE			
		UNERAL DIRECTOR			25a DAJ	REC'D. BY REGISTRAR 256. REGIST				
DHMH - 16 60M 7/84 (VRA 15, 4)	-	St Joseph Hospital	7620 York Rd	Cowso	n 21204	EU 5 1986 1	Tidon-Pandale			



DHMH - 16 60M 7/ (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TUNO 33716

		CEASED NAME FIRST OR PRINT)	ma Adel		LAST	December			26 HOUR 12:1	
	3. SEX		4. RACE White	5. DATE	eb. 6, 1923	6. AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2	MIN.
5	1	Maryland	US	WIDOW		Baltimore city o	County O			MD.
7		ssville 21237		HOSPITAL, NURSING HOME OF THE STATE HOSPITAL		126. USUAL OCCUPATION (TYPE HOUSEWIL	ON FWORKING LIFE) •	126. KIND O	F BUSINES	SSOR
5	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY BAT	other institution,	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	221			
0	I4 FA	THER'S NAME FIRST George	Wagne	<b>L</b> AST	15. MOTHER'S MAIDEN NA/ FIRST	Heint		LAS	17	
		VAS DECEASED EVER IN U.S. AR	WED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 218 58 7928	Charles Doc	ADDRE Chterman, S	ss <b>on</b>		AME	
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		22d. PHYSICIAN'S NAME (TYPE O	A. F	eldman	9000 Frank	lin Square [		1to.,	2123	7
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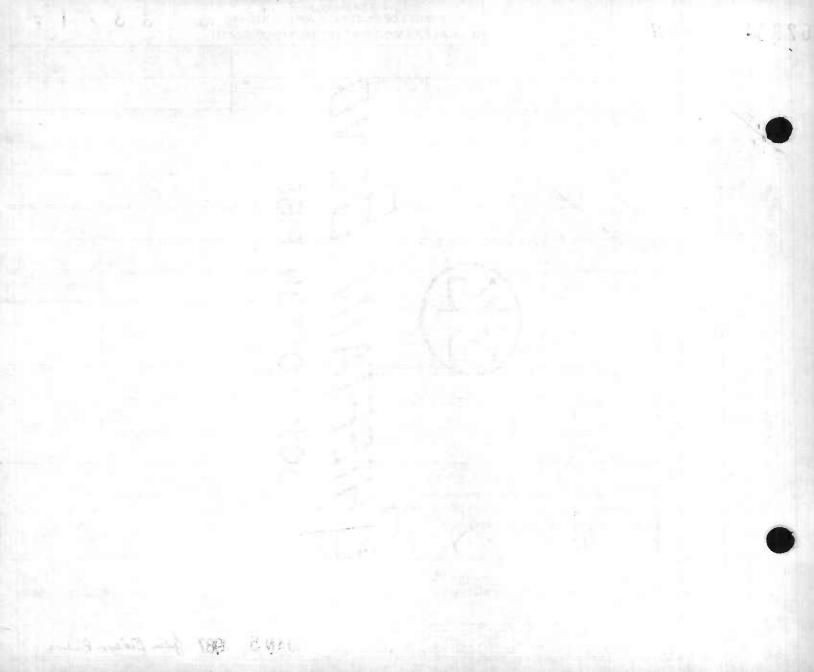
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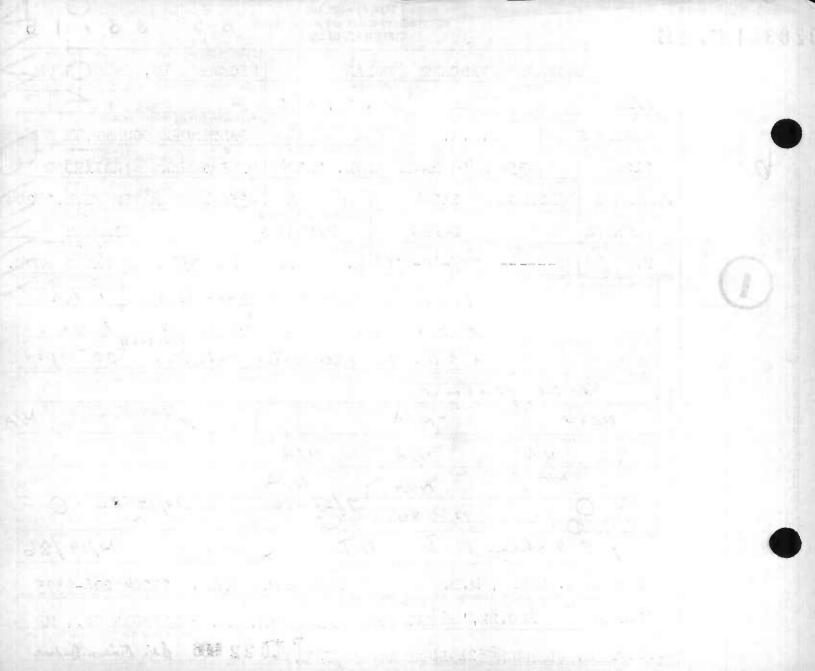
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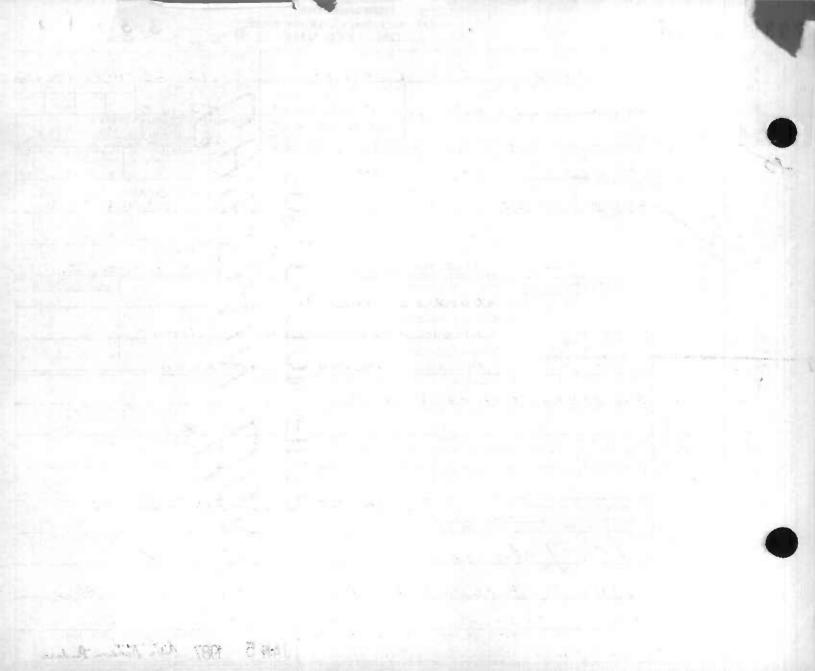
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-	1	USUA	AL RESIDENCE (IF I	IN NURSING HOME OF	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)											
2120	- \$380B		aryland	13b. COUNT Balt:		Randallstown		13d INSIDE CITY LIMITS? 13d STREET ADDRESS YES □ NO 🖾 8801 Sonya F			onva R	Road 21133				
MD. 2	" NOTE OF	Street, or other Designation of the last o	ATHER'S NAME	Dare.	EMOLE	Randaliscown			15. MOTHER'S MAIDEN NAME					ad 21155		
2	E-1984	1	Kenneth		S.	Rowe			FI	Lma		MIDDLE		Coe		
OR	AND TO T	16a. V	VAS DECEASED E	VER IN U.S. ARM			IAL SECURITY I	10.		MANT Mr.	Liegra	- TADDRES	\$5			
TI WILL	E-7589	{Y	ES, NO. OR UNKNOWN	(IF YES, GIVE V	VAR OR OATES)		-34-995							21133		
*	S GW WITH PAG DIVISIO	-	no	EATH /E.				4	8801	Sonya	Road	Kanda	IISLOW	n, Mary		
to	MAT W		PARTIDEAT	H WAS CAUSED			ophic C	ardi	OMVOD	athy				BETWEEN ONSE	T AND DEATH	
NO.	A SERVICE A			IMMEDIAT	E CAUSE (0)		ISEQUENCE OF		Omyop	actly						
19	HIN ER A LHST EMO		Conditions,	if any, which	DUE TO, OK	AS A COI	SEQUENCEOF									
4.	MIN NCIN		gave rise	to immediate	(b)									-		
201 V	UUD BE EXECUTED WITH "PENDING" IN PENCIL FE MEDICAL EXAMINES SED AS A BURIAL -TRAIN HEALTH AND MENTIAL AL, CREMATION, OR RE			lying cause last.  DUE TO, OR AS A CONSEQUENCE OF												
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DETAIL BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION CIVIL IN DARK .													
RECORDS		z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .  Fatty Liver & Obesity													
TE C	AS A EALTH	유	19a. DATE OF OF	DED ATION			WHICH OPERAT			MED 2				Lancium -		
	HOULD CHIEF A USED OF HE.	CERTIFICATION	170. DATE OF OF	EKATION	198 CONDII	ION FOR	WHICH OPERA	IION WA	AS PERFOR	MED?				20 AUTOPSY		
OF VITAL	1 8 8 8 8 4 T	1 2	21a EXTERNAL C	24/4/ 22114	214 THAT OF								YES XX N			
90	A PER			OR		ME OF INJURY IR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE)						IF INJURY IN ITEM 1	18 PART I OR PAR	PT 2)		
Ö	SAR STATE	S		CAUSE OF D		F INTUING	19	211 1 0 0		12.5						
DIVISION	S CERTIFICATE SH RITING THE WOR REDED TO THE CI SE 3 SHOULD BE TE DEPARTMENT OF ROOF PRIOR TO BUILD	MEDICAL	214 INJURY OCC		21e PLACE C			211. LOC	REET		CITY O	RTOWN	cou	INTY	STATE	
	E, WRIT RWARDE PAGE 3 STATE D 7, 21201		AT WORK	AT WORK				7%								
			22a. I certify t	hat I toak charge	of the remains deu	Hed upp	ve held on	Autops	XX.	Inspection	, Inqu	iry	and in my ap	inion		
-02	<b>ミニッ</b> してこ		death resulted t	Noture	of courses XX2	signifier.	Supra	4	Hamic	ide .	Undetermined	manner				
	CERTION BOIRE		/	100.	1/10	V	1211	V	TITLE	PECIFY)						
	A THE STATE OF THE		SIGNATURE	uelle	ub /X	phi	nille	MI	Assi	stant	MEDICAL EX	AMINER	DATE	12-31-	86	
	NEE TET		EVANINED/S NA	WE -		. 0							0.0.1.2	0100		
	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOULD TO FUNERAL DI AFFER DEATH, V BARTIMORE, MA		(TYPE OR PRINT)	Denni	s F. Smyt	n, M	.D.	A	ADDRESS_	lll Pe	nn St.	, Balto	o., Md	. 2120	T	
	PAG PAG	23a.B	URIAL, CREMATIO	N, REMOVAL 23			NAME OF CEME				23d. LOCATIO	N	COUN	ITY S	ATE	
07/84	BP			ial	1/5/87		storia			1	Fosto		Hanco	ck Oh	io	
25M	DHMH - 17				Byers Fu					250. DATE REC	D. BY REGIS	TRAR 256 REC	GISTRAR'S SI	IGNATURE		
	(VR A15 ME (5))	87	28 Liber	ty Road	Randal1	stown	, MD.	2113	33	JAN 5	198	Julia	Dender	n. Randae		
		-		-			-								_	







26820 DEC	11	FOR STATE CRIGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	<b>3</b>	3 /	5 0
		CEASED NAME FIRST		MIDDLE		AST		MONTH DAY		2b. HOUR
poge 3	,,,,,	James	Don	rsey	DI	JLANEY	December	8, 198	6	3:00A M
ge 4 ma ector: po	3. SE	x Male	4. RACE White	e	No V	26, 1950 YEAR	6. AGE (IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.
onde.		IRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	_		
Jeoth 7:	1	Maryland		S.A.	WIDOWE	D DIVORCED	Baltimore	-	-	MD.
0	Pu	itty Hill	4 White	HOSPITAL, NURSII CHEACILITY, GIVE STREET Plac	e Al	or other institution of TD	120 USUAL OCCUPATE 11XPE OF WORK FOR MOST O SUPERVISOR		IZE KIND OF	Tele.
(4) 4	13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC Maryland Ba	e or other institution ounty. Itimore	132 CITY OR TOV Putty H		13d INSIDE CITY LIMITS? YES NO [A	4 Whitelaw	ZIP CODE Place	21:	236
		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
Pa dumo		Villiam Henry				'Margaret	Anastas			
cate be executed with a system on a complex opers. Pages frond 2 live.		MAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	219-56-		Barbara L. Du	alaney 4 Wh	Pitimor itelaw	Pl Apt	TD
physicic mpoper maval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe USED BY: DIATE CAUSE (o)	r line for (a), (b), or	typo	tension			11	NSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending phase is the burial-transit permit. Then please remove carbonp th and Mental Hygiene prior to burial, cremation, or remaind or them 18 shows any injury, or ather traumatic ever		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	DRAS A CONSEQUE	tic	Metanom	ںں		5m	onths
been signed prior to build be been signed prior to build bui	CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20h. IF YES, W	IN PART 110 /ERE FINDING	GS USED
The kicion.	HE						YES NO NO	YES [		NO [
PHYSICIAN: The ending physicia this certificate he burial-transit and Mentol Hygical dor frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
IG PHYS attending fer this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDING spital or att TTENDING or att TTENDING for use as the of Health or Health or TTENDING STATE TO I is market		220.1 certify that (1) (this has spw the deceased alive above, (1) (we) (did) (did	on nov-	1/ 19	A.M.A. 1 to	that in (my) (our) opinion	death occurred on the de	) ote and hour ar	& C., the	not (I) (we) last ouses stated
ALOR A the horal DIRECTOR A the horal DIRECTOR OF Dept. IT: If them		Kathy &	and the second second	oen me		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	12/9	101
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT. If		Kathy Helsl	(1)	).		Johns Hopkin		Baltim	ore,,	Marylan
5 5 5 4 3 ¥		BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	OHNIY	STATE
BP		Cremation	Dec 11	1, 86 Se	curity	Process. Inc	Baltimore	Co., 1	MD.	
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	uneral director Dipp x10 Belair Roa	el Funera d Baltin	1 Homes,	Inc. 2120	25g-DAT	CTO 1986	The REGISTRA	Septiment of the second	RELACE



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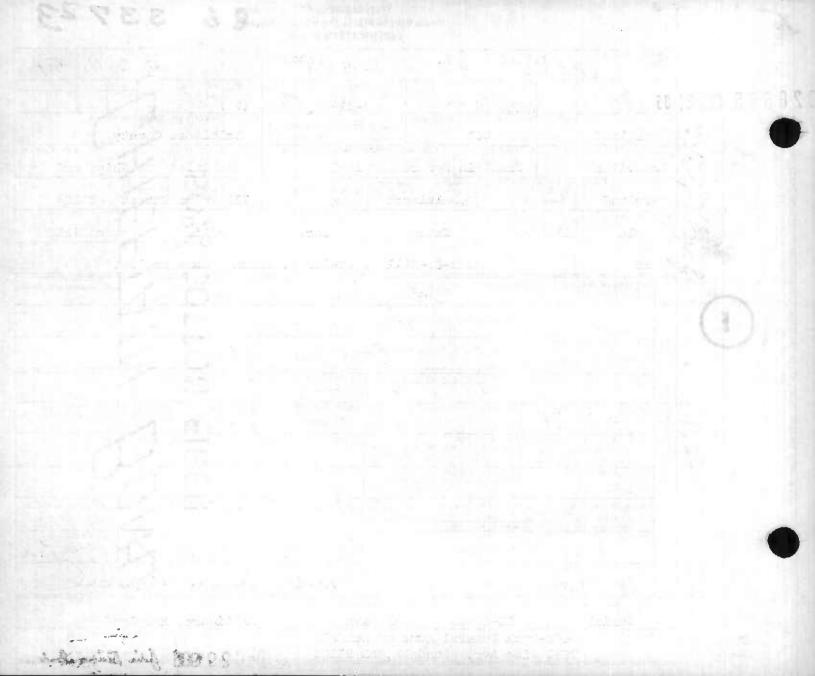
STATE OF MARYLAND

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26051 DEC	-410	DEPARTMENT OF HEALTH AND MENTAL HYGIENE B 6 3 3  CERTIFICATE OF DEATH  REGISTRAR  REG. NO.									37	24	
		CEASED NAME	FIRST		MIDDLE	(	AST		2a. DATE C	OF DEATH	MONTH	DAY YEAR	26. HOUR
may be poge 3 ter death			SEPH		J.	EDW	ARDS	N.	Dece	mber	2,	1986	7:50 A M
Ter o	3 S	X	4.	*RACE		5. DATE C		YEAR		YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ecto ars of		Male		Whit	ce	7	311	20 <sup>AR</sup>	66		YRS.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY	MARRIE	X NEVER A	MARRIED -				Y OF DEATH	
476	45"	Virginia		U.S.A		WIDOWE		VORCED [				County,	
177	1	eity or town of dea Butler		3334	HOSPITAL, NURSI CH FACILITY, GIVE STREE Butler	Road	R OTHER INST	TITUTION	Reti	OCCUPAT ORK FOR MOST C .red	ION DEWORKING LI	12b. KIND INDUSTRY U.S.	
24 having oblighed in ordid be in	USU 130. M	JAL RESIDENCE (IF NURS STATE d.	NG HOME OF O 35 COUNT Har fo	THER INSTITUTION  T	13c. CITY OR TOV		13d. INSIDE C	ITY LIMITS?	13e STREET 522	ADDRESS Balti	/ ZIP COD more	Court	21001
MARYLA ed within mpletely and 2 str	3 14. F	Arlett	MI	F.	Edward	ls		S MAIDEN NAM	ME	MIDDLE			nelton
m and car Pages 1	1	WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes		ED FORCES?	230-07-		Mrs.	Louise	C. Ed	ADDR wards		e as 13	le
ING PHYSICIAN. The law requires that the control of the control of		Conditions, if ony, gove rise to imm couse (o), statin	AS CAUSED IMMEDIATE which nediate	DUE TO, O	PR AS A CONSEQUE	JENCE CL	y a	rest				APPRO BETWEEN	XIMATE INTERVAL I OMSET AND DEATH
low requires that the seen signed by the trimit. Then please rer prior to burial, crem	CERTIFICATION	PART 2 OTHER SIGN		ONDITIONS <u>C</u>	She	DEATH BUT			INAL DISEA		20b. IF YE	VEN IN PART 1 S, WERE FIND FYING CAUSE	INGS USED
TALR The The ician.	1								YES 🗌	NO		ES 🗌	NO 🗌
ON OF VITA  VSICIAN. Ti ding physica s certificate outal-transit Mental Hygin r flem 18 sh	MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH	Ρ.	OF INJURY .M. MONTH C .M. OF INJURY	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER N	nature of inju	RY IN ITEM 18	PART   OR PART 2)	
DIVISION or attends After this is as the bu alth and M	MED	WHILE NOT WH	ILE [7]		REET, FACTORY, OFFICE.	FARM, ETC )	STREET	SIN .		CITY OR TO	)WN	COUNTY	STATE
spiral or CTOR: A for use of Heal		220.1 certify that (1) sow the decease above, (1) (we) (c		110	4		d that ir m	pur) apinion o	death accuri	red on the d	ote and ha		tha (1) (we) lost e couses stated
0 0 0 0 0		22d PHYSICIAN'S NA	1	aile	_		no A	ATTENDING PHYSICIAN S	MEDICAL	L STA	FF CIAN 🗌	12/	2/86
TO HOSPITAL or retained by the TO FUNERAL should be deto with the State IMPORTANT: II		Stephen	Laik	en, MD			6805	York 1			imore	,Md. 23	1212
ВР		BURIAL, CREMATION, (SPECIFY) Cremat:	removal Lon	1273/8	86		emetery or c	etery		alto.		Balto.	Mď.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	Fall (				rk Road	DEC	REC'D. BY	1986 RAR	25b REGIS	Desiden	Pondale
(VRA 15, 4)	Ru	ick Towson	Funera	1 Home	, Inc. To	wson.	Md. 2120	04	0		0		

Ungerier Commercer Calco. Marko, mann.

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STATE OF MARYLAND

33725

Julia Sindson Pandalle

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

									KEC	3. 140.					
		CEASED NAME OR PRINT)	FIRST	N	NIDDLE	L	AST		20 DATE OF DEAT	H MONTH	H DAY	YEAR	26 HOU	R	
V.	(IIIIE	ORPRINIT	Clago	gett ,	Robert	t Elwo	boc			12	30	86	7:5	5a M	
	3 SEX			4. RACE		5. DATE O			6. AGE (IN YEARS LAS	ST BIRTHDAY)		NDER 1 YEAR	IF UNDER	24 HRS	
		Male		Whit	e	067	25/31	YEAR	55	Υ	res.	THS DAYS	HOURS	MIN.	
1		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF V	WHAT COUNT	RY? 8	KKNEVER	MARRIED -	9 BALTIMORE CIT	Y OR COL	UNTY OF	DEATH		124	
>	Mai	ryland		U.S.A		WIDOWE	D	ONORCED .	Baltim					MD.	
7	10. C1	TY OR TOWN OF DEAT	TH /	11. NAME OF H	OSPITAL, NUR H FACILITY, GIVE STI		R OTHER IN		120 USUAL OCCUP	OST OF WORK	ING LIFE)	126. KIND O	F BUSINE	SSOR	
10		Towson				more Me	dical	Center	Firefight	ter .	. I	Balto	. Co.		
1	11n. S	AL RESIDENCE (IF NURSIN	(3) COUN		130 CITY OR I		13d. INSIDE	CITY LIM <u>IT</u> S?	130 STREET ADDRE	SS Z ZIP	CODE				
_		Md	Car	roll	New Wi	indsor	YES 🗌	_		odlan	d Cir	rcle 2	21//6		
		THER'S NAME		MIDDLE	LAST			S MAIDEN NAM		LE	LAST				
Pζ,		Percy Clage	ett					er Pereg							
7	Was Deceased ever in U.S. armed forces? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes Korea 218 26 7308 Mrs. Romanie V. Claggett s														
×	,	Yes	ett	san											
П	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cardiopulmonary Arrest													DEATH	
				E CAUSE (o)	est				minu	tes					
П		25163		DUE TO, OF	R AS A CONSE	QUENCE OF									
		Canditions, if any,		( (b)_	Migrate	ory thr	ombo e	embolism				2 weeks			
	$\mathcal{I}$	gave rise to imme cause (a), stating	the	DUE TO, OF	RAS A CONSE										
Н		underlying couse	last.	(c)				carcinon				unkn			
1	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE Superior vena cava syndrome and esophageal stricture													
	TIO	Superio	r ve							Text					
2	CERTIFICATION	190 DATE OF OPERATI	ION	196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?			ERE FINDING CAUSES			
1	ERTE	DA ACCIDENT WAS INDE	BINING F	211 7145 0	EINIUDV		The HOW	NURY OCCUPA	YES NO YES NO						
>		210. ACCIDENT WAS UNDE	_	1 216. TIME OF	M. MONTH	DAY YEAR	ZIC. HOW	NJURT OCCURRE	D (ENTER NATURE OF	INJURY IN ITE	M 18 PART I	OR PART 2}			
	MEDICAL	(IF EITHER NOTIFY MEDICA				19	111 1061	ION		1	13.5	100			
	MED	21d INJURY OCCURRE		21e PLACE C	DE INJURY EET, FACTORY, OFFI	ICE, FARM ETC )	211 LOCAT		CITY	OR TOWN		COUNTY	5	TATE	
		NOT WHILE				Docom	hon 16	06	Dooo	mbox	20	06			
		220.1 certify that (1)	this haspi	Decembe	e deceased fra				, ta	mber badata an			that (I) (		
		saw the deceased	d Mid no	new the body	atter death.		DEGREE	/ Con abilitari a	cam occorred on n	ie dole on	0 11001 011	22c. DATE		1160	
		T L	VAIL	14			MA	ATTENDING _	MEDICAL	STAFF _		13/-	/		
		224 PHYSICIAN'S NA	ME	21100		-	122+ ADDRE		DIRECTOR PH	YSICIAN	7	12/3	30/86		
1		TANK TO A SOUTH THE SECOND	West West of the Party of the P				THE ADDING								
H	22 0	S.Glass			12	3c. NAME OF C	FALFTERY OF	G.B.M.C	23d LOCATION						
		BURIAL, CREMATION, R Burial	EMOVAL	01/02/8		Dulaney			CITY OR TOW	evei 11	o D	OUNTY OLI TO	Cos	MA	
		JNERAL DIRECTOR	70	P1/02/0	, ,	dianey	valle		Cockeys					PICI.	
1		Burgee-Hens	se Fu	neral U	ame America	31 Fall	e Rd								
		parace men	JO LU	actar II	Jue, 30	or rall	S INC.	TTATT 14	N 2 198	11 944	uca D.	corden.	·Kando	Lla	

DHMH - 16 60M 7/84 (VRA 15, 4)

